

Medical Economics



JANUARY 1942

10th YEAR

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FORMULA: Each fluid drachm contains

Strychnine Hydrochloride	Gr. 1/61	Calcium Hypophosphite	Gr. 5/16
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A carefully-manufactured and dependable bitter tonic which will improve muscular tone and nutrition, and provide limited respiratory and vasomotor stimulation. • A reliable compound prescribed in many countries for upwards of 60 years.

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26 Christopher Street, New York City



Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

JANUARY 1942

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CIRCULATION: 134,000

H. Sheridan Baketel, A.M., M.D., Editor • *William Alan Richardson*, Managing Editor
Patrick O'Sheel, Associate Editor • *F. H. Rowsome Jr.*, Contributing Editor

Lansing Chapman, Publisher • *Russell H. Babb*, Advertising Manager

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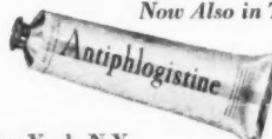


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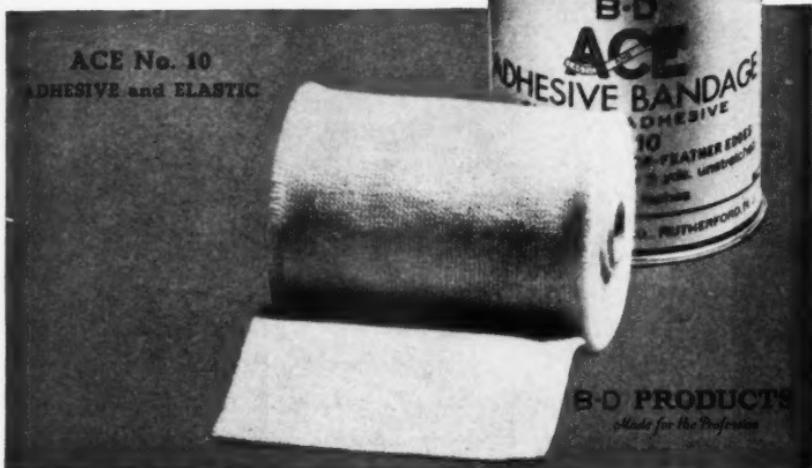
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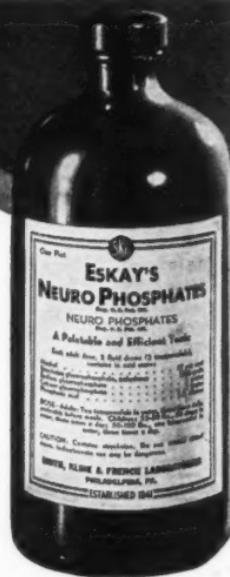
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Each adult dose, 2 fluid drams (2 teaspoonfuls), contains in acid state:

Alcohol 17 per cent
Strychnine glycerophosphate,
 anhydrous $\frac{1}{4}$ grain
Sodium glycerophosphate 2 grains
Calcium glycerophosphate 2 grains
Phosphoric acid 1.5 minims



THIS FORMULA even on

paper, instantly appeals to the physician as a judicious combination of recognized tonic ingredients. But the product itself is far more than a formula on paper.

Its scrupulous compounding, delicate balance, and outstanding appearance and palatability combine to give Eskay's Neuro Phosphates an additional something—a something which has been clinically proved.

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THE FORMULA OF
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PLUS VITAMIN B₁

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Alcohol	17 per cent
Strychnine glycerophosphate, anhydrous	1/4 grain
Sodium glycerophosphate	2 grains
Calcium glycerophosphate	2 grains
Phosphoric acid	1.5 minimis
Vitamin B ₁ (Thiamine hydrochloride)	(.75 mg.) 250 I.U.



and THIS FORMULA answers

the insistent demand by physicians for a second tonic, embodying the clinically proved formula of Eskay's Neuro Phosphates, plus Vitamin B₁.

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A Problem For The Physician And Its Answer

Because of the enormous demand for labor in the Government's huge defense projects, every industrial center is employing many thousands who have been more or less inactive for years. Forced to stand for long hours, many men and women became afflicted with occupational foot troubles. The symptoms range all the way from Corns, Callus and Bunions, to tired, aching feet, rheumatoid-like foot and leg pains, weak and fallen arches and flat-foot. Muscular and ligamentous strain are the cause of most of these foot conditions.

It is a simple matter for the Physician to quickly dispose of these troublesome cases. As a general rule, exercise and an adjustable Support like Dr. Scholl's FOOT-EAZER for Longitudinal arch weakness, or Dr. Scholl's Metatarsal Arch Supports for Anterior arch weakness, promptly relieve the symptoms of these foot arch troubles, by removing muscular and ligamentous strain.

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Please send coupon below for our literature especially written for the Physician.



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FOOT-EAZER
\$3.50 pair

*Foot Comfort**
ARCH SUPPORTS and APPLIANCES

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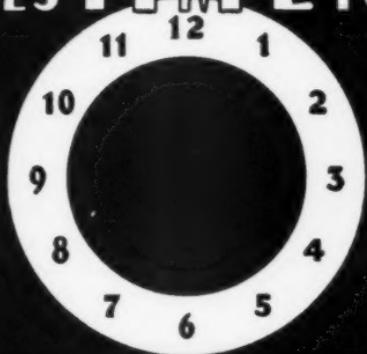
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(83-1)

Name..... M. D. Address

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Relieves pain and congestion 8-12 hours per application.

Spread $\frac{1}{8}$ -inch thick on affected area.

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speaking frankly

M-DAY PLAN

TO THE EDITORS: Here's a simple plan by which we can supply the army with physicians without reducing the number of men needed to give the civil population adequate care:

1. Make more efficient use of civilian physicians by drawing army doctors from only the larger cities. In many cities all doctors under 35 could be mobilized without affecting care of civilians.

2. Make more efficient use of medical corps officers by delegating to the Sanitary Corps and the Medical Administrative Corps many of the duties which medical officers now perform.

3. Make more efficient use of doctors in other government services by transferring them to the army and their duties to existing civilian facilities. Patients from the Veterans Administration, the Indian Service, and the Civilian Conservation Corps could be cared for better and more economically by local private doctors and hospitals anyway.

Intelligent application of these three steps would free about 10,000 doctors for the army.

Ben P. Clark, M.D.
Captain, Medical Reserve Corps
Okeene, Okla.

FEDERAL HANDBOOK

TO THE EDITORS: We believe that many of the 130,000 physicians reached by your publication may find the United States Government Manual of considerable interest and help. It is an official and comprehensive handbook to the entire Federal establishment.

Comprised of 700 pages and thirty-four organization charts, it is available through this office or from the Superintendent of Documents at a cost of 75 cents...

Harriet Root, Chief,
U.S. Information Service
Washington, D.C.

[*Miss Root scarcely does justice to this monumental manual. It contains detailed information about each of the immense proliferation of Government agencies, bureaus, and commissions. To keep up with the Federal reproductive process, it is revised three times a year. Physicians who have dealings with or seek data from agencies in Washington will find this manual a handy vade mecum.*—THE EDITORS]

SOCIETY MEMBERSHIP

TO THE EDITORS: In my county, and in a number of others, it takes a year before a new doctor in town can belong to the local medical society. The idea is supposed to be that during this probationary period the newcomer's character can be carefully scrutinized.

I think that this is an unnecessarily long waiting period. After all, a physician's character and ability can easily be investigated if the local society will only undertake the small effort involved.

M.D., Connecticut

COURAGE

TO THE EDITORS: Once I wrote you a prediction about the ultimate fate of pediatrics. Now the handwriting has

NOW THAT AMERICA IS AT WAR...



A Dressings Conservation Program

that entails no sacrifice . . .

PRODUCTION facilities of the surgical dressings industry will be strained to the limit. We must all aid the National Defense Program. At this time Johnson & Johnson foresees no difficulty in supplying its customers. But conservation is necessary. Waste should be eliminated. For example, gauze, cotton and adhesive products can be conserved by eliminating oversized dressings. Many other similar savings can be made without diminution of service or comfort to the patient.

Do your part! Conserve dressings in your office. Inspire hospital personnel and your patients to do likewise.

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PLEASE SEND ME PROFESSIONAL SAMPLES OF SANO DENICOTINIZED PRODUCTS. NICOTINE CONTENT LESS THAN 1%

NAME

M.D.

ADDRESS

WARNING

Chemical analyses show that pinches of cigarette used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

caught up with me. After twenty years as a pediatrician I have moved to this small city to engage in general practice.

It may give courage to others who find they cannot survive in their chosen fields to know that, though I am now 52, I find my pediatric training is decidedly helpful in my new work. All things considered, I have discovered that general practice is intensely interesting and romantic...

Earl M. Tarr, M.D.
Fillmore, Calif.

"T. B." USAGE

TO THE EDITORS: I've noted that sometimes MEDICAL ECONOMICS uses the initials T. B. as an abbreviation for tuberculosis. May I call attention to the fact that according to better usage Tb. stands for tuberculosis and T. B. for tubercle bacillus?

Joseph Goorwitch, M.D.
San Fernando, Calif.

[When lexicographers disagree, let doctors take cover. Neither Webster's New International Dictionary, nor Gould's Medical Dictionary, nor Taber's Cyclopedic Medical Dictionary make any distinction between the abbreviations for tuberculosis and tubercle bacillus. However, each gives the abbreviation differently: t.b., tb., and T.b., respectively.—THE EDITORS]

G.P. REFERRALS

TO THE EDITORS: In your November issue a general practitioner asked if he's expected to refer to a pediatrician ordinary cases involving normal children. Speaking as a pediatrician myself, my answer is decidedly no!

In no branch of medicine has the specialist the right to consider that he alone should take charge of cases in his particular field. The G.P. should care for most illness, and if he's a good man he is qualified to do so.

A specialist voluntarily limits his



FREEDOM *from* F R I C T I O N

RELIEF from the pain and discomfort of hemorrhoids depends largely upon freedom from friction. That is why Anusol Suppositories contain an ointment base which covers the rectal mucous membrane—a soothing, protective, anti-friction coating that makes possible walking with comfort and easy, painless evacuation of the contents of the rectum.

The improvement experienced from Anusol is genuine. There is no masking of symptoms to impart a false sense of security, because Anusol does not contain narcotic, analgesic or anesthetic drugs. In this manner, rationally and without unfavorable after-effects, Anusol Suppositories provide symptomatic relief in hemorrhoids and other inflammatory rectal conditions.

You may ascertain, to your own satisfaction, the value of Anusol Suppositories by giving them a trial. A supply will be gladly sent on request on your letterhead. Available for prescription in boxes of 6 and 12.

ANUSOL
HEMORRHOIDAL
SUPPOSITORIES

SCHERING & GLATZ, INC., 113 W. 18th St., New York City

practice. That does not give him the right to consider that the G.P. is encroaching upon his field. I am fed up with hearing surgeons, nose-and-throat men, and pediatricians decry the work of general practitioners. To me it is a colossal piece of nerve on their part...

F. I. Krauss, M.D.
Chatham, N.J.

TAKE IT OR LEAVE IT

TO THE EDITORS: These days a doctor has to compete with welfare bureaus and municipal health agencies, and it's getting to be a tough state of affairs.

In my community, for example, the welfare department offers me \$25 to handle a confinement case in the patient's home. But if I point out that this isn't enough, the department simply sends the case to a hospital. The hospital gets \$40, though the physician who actually makes the delivery

is paid nothing. The man in private practice is offered these cases on a hard-boiled, take-it-or-leave-it basis.

M.D., New York

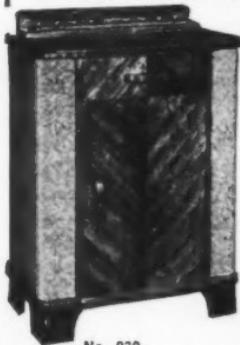
COUNTER PRESCRIBING

TO THE EDITORS: Being a student of pharmacy I have found that physicians and pharmacists are as incompatible as morphine alkaloid and tannin. Doctors complain about counter prescribing of cough mixtures, skin preparations, eye and nose drops, etc. They accuse the pharmacist of wanting to be called a doctor. Last but not least, they disparagingly refer to him as a "druggist" or a "soda jerk," or they employ other adjectives which are more than stabs in the back...

I suggest that doctors cooperate with their pharmacists and consider them friends, not enemies. I suggest that doctors check up and recall the number of times they have dispensed

Paidar SUPERB EQUIPMENT *- designed for your convenience!*

Unusual medical office furniture makes everything handy for the doctor. Table has electrical connection on side for diagnosis or cautery; treatment drawer between adjustable metal stirrups; tilttable back and seat; irrigator pan; concealed arm and leg rests and step in front. Top upholstered in brown Spanish textile or genuine leather. This Perfection suite with its new, distinctive "Perfection" textile leatherette sides is different, stylish and modern.



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TREATMENT STAND

EMIL J. PAIDAR
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Also manufacturers of reception room equipment, optometrists' stands and chairs, veterinary tables, chiropody chairs and equipment, mortuary tables.

Write for
full
information

No. 933
WASTE
RECEIVER



Why 3 Gerber Baby Cereals?

Gerber's Cereal Food **BECAUSE...**

It is a wheat cereal enriched in iron and Vitamin B₁, easily digested and low in fibre. Also it's really tasty, a feature mothers appreciate.

Gerber's Strained Oatmeal **BECAUSE...**

It offers the full nourishment value and flavor of thoroughly cooked whole oatmeal with (to the mother) the added convenience of being ready to serve. Especially useful in the case of infants allergic to wheat.

Gerber's Cooked-in-Milk Cereal **BECAUSE...**

Being cooked in milk, it contributes an extra measure of calcium and phosphorus to the infant diet.

by the makers of
Gerber's
Baby Foods



Gerber Products Co.
Dept. 221, Fremont, Mich.
Gentlemen:

You may send samples of the 3 Gerber cereals together with a Professional Reference Card to the following address:

NAME M.D.

ADDRESS

CITY STATE





For greater

MENSTRUAL COMFORT

ALTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being inaugurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

Indications: Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

Dosage: One or two capsules three or four times daily.

How Supplied: In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"

MARTIN H. SMITH CO.



150 LAFAYETTE ST.
NEW YORK, N. Y.

ERGOAPIOL
(Smith)

samples. There are far too many physicians dispensing today who don't know a sufficient amount of *materia medica*. Drugs which are of exceptional value are often not called into play.

Pharmacists would rather dispense than counter-prescribe. It is up to members of the medical profession to prevent the latter by the simple process of cooperation. And please remember to refer to members of our profession as pharmacists.

Chandler Childs
Brooklyn, N.Y.

BOWELS OF MERCY

TO THE EDITORS: The doctor who inquired in your November issue about side-stepping requests for contributions to local charities should brush up on his Scripture. For if any group should remember the warning about "whosoever seeth his brother in need . . . and shutteth his bowels of mercy . . ." it is we of the medical profession.

We are not called upon to give more than we can afford, but only "as God hath prospered us." After all, it's very rarely that a physician's family is in actual need. If we just shake a leg we can usually keep out of the poorhouse.

M.D., Iowa

PATIENTS' TRAIT

TO THE EDITORS: That article in the December issue, "Important Trifles in Office Routine," was right up my alley. It happens that I've long cherished the notion that a meticulous attention to such small details is important in any man's practice. I wonder if you saw an editorial on the topic in a recent issue of *The Weekly Roster and Medical Digest*, published by the Philadelphia county society.

The editorial suggested that it was a "self-revealing experience to visit a strange physician as a patient... The writer once sat in a physician's

Soda Bi-carb that tastes like Candy in 6 grain tablet form

WHEN you prescribe CARBEX BELL your fussiest patient does not know he is taking soda, does know he receives almost instant relief with no nasty taste and no unpleasant after-effects.

"Trial is Proof"



SEND FOR SAMPLE

ME1-42

Collings-Smith Co.

Orangeburg, N. Y.

Sample Carbex Bell, please.

Dr.

Address

waiting room during his office hours and was forced to listen to him dictate a number of letters to his secretary. If the doctor thought he was impressing his patients with his importance, his psychology was at fault.

"Each patient...wants to feel that his doctor has more interest in him than in all the rest of his practice. The doctor who never forgets such a very human trait will never lack a large following. And if we know what it feels like to be obliged to wait long periods, we are apt to be more considerate of our own patients' time."

M.D., Pennsylvania

BACKWOODS QUERY

TO THE EDITORS: Enclosed is a copy of a letter received by my physician-employer from a patient who lives in a backwoods area here in Florida. Upon examining this patient the doctor found a large uterine fibroid and

told both husband and wife that removal of the uterus was the only solution. The pair had no money and returned home to see if they could rattle up the necessary funds. I'm afraid our reply to the enclosure must have been very discouraging.

Virginia Hernandez
Jacksonville, Fla.

(Enclosure)

Dear Doctor: I am writing you a few lines to ask you a few quistings. I have got 90 dollars and I want to know if you will take that and put me in the hospital like you said I needed. If you want papers I will fix papers for the rest and I will garnett you will get the rest when we sell tobacco.

Another quisting I want to no. You said you have to take the hole womb out will you put in another one. If you dont I would not be any good would I.

I am a maried woman and I want



*Did You Say—
"A Point with Steel Sharpness?"*

Yes, I said—

**"A Point with
Steel Sharpness!"**



VIM

HYPODERMIC NEEDLE POINT

That's why I order VIM—it's made from steel, not merely a metal that is stainless. You need steel for sharpness . . . cutlery steel for long-lasting sharpness. VIMS are made from Firth-Brearley stainless cutlery steel. That is why VIM points are sharp—stay that way.



Write VIM on your next needle order. VIM has the steel point that stays sharp.

Made from Firth-Brearley Cutlery Steel
"The 'Sterling' of Stainless Steels"

MacGREGOR INSTRUMENT CO., Needham, Mass., U. S. A.

RX DESITIN OINTMENT

The External Cod-Liver Oil Therapy

USED EFFECTIVELY IN THE TREATMENT OF
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo,
Eczema, Tropical Ulcer, also in the Care of Infants

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petroleum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces stabilization of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an antiphlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrization. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

DESTITIN POWDER

Indications: Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

Professional literature and samples for Physicians' trial will be gladly sent upon request.



Sole Manufacturer and Distributor in U. S. A.

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Protected by 4 U.S. and Canadian Patents

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National Diagnostic Sets have been designed with but one thought in mind—that they shall be the finest and most complete that money can buy.

Patented OTOSCOPE



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provides patented rectilinear adjustment of otoscope speculum carrier, assuring unlimited operative space and unobstructed vision.

NO OTHER OTOSCOPE provides patented flashlight bulb illuminating system, saving 90% bulb replacement costs.

LIGHT INTENSITY of outstanding quality is provided by the large optical crown glass condensing lens (patented).

3X THE USUAL MAGNIFICATION: With the High Power Telescope attachment.

UNCONDITIONAL GUARANTEE on boilable "Neicomold" specula.

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Optical Crown Glass Lenses · Magnified Illuminated Numerals · Lifetime guarantee on housing against breakage · No deterioration in original appearance · Complete, moderately-priced accessories . . . the outstanding instrument for precise study and accurate diagnosis.

At Your Dealer or Write

Ask about the "Centre-of-Beam" Headlight . . . Simplified-Control Cautery.



National Electric Instrument Co., Inc.
36-06 43rd AVENUE, LONG ISLAND CITY, N. Y.

to no if you will put in another womb. I did not ask you and I want to no. So please let me no.

So goodby.

L . . . M . . .

SPELLBINDER

TO THE EDITORS: Your articles on public speaking for physicians have been very helpful to me, though I'm still no silver-tongued spellbinder...

I wonder if you've noticed that most of the articles in that series serve an extra purpose. They're also useful in the preparation of any type of medical publicity aimed at laymen. For example, a society committee charged with the task of preparing radio talks or news releases would find most every article in the series full of good tips.

M.D., Illinois

[A further article in this series appears on page 97.—THE EDITORS]

"FRANKENSTEIN"

TO THE EDITORS: I suspect that other specialists are confronted with this problem:

My practice has grown in recent years until it has become a Frankenstein creation: morning hours every day, hospital work during the afternoons, evening hours three times a week (and it's almost impossible to get away before ten o'clock those evenings). When Sunday comes I am more nearly ready for bed than for performing religious duties.

It might seem that the answer is to get an assistant. I've tried that. But patients say that when they come to me they want *me*, not some other man. Then, too, I've found no younger man who can fit into the picture by carrying out my routines. Usually assistants want to do the work their way, and their way doesn't always please my patients.

Another solution might be to raise fees. At present, nearly all my pa-

SINC
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through
medica
will rel
sels wi

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appea
closely
sors, fo

1. GR
blood
minim

2. PR
the lo

XUM

Prolonged Relaxation from the VISE-LIKE Grip of HYPERTENSION

CONSTRICTED ARTERIES

RELAXED ARTERIES



SINCE hypertension is induced by increased resistance to the flow of blood through the arterioles, the specific need in medical treatment is a preparation that will relax the vise-like grip on these blood vessels without producing harmful side-effects.

NITRANITOL

Brand of Mannitol Hexanitrate appears to approximate this ideal more closely than any previously-used hypotensors, for the following reasons:

1. GRADUAL ACTION—The effect on blood pressure is slow and gradual, minimizing danger of circulatory shock.

2. PROLONGED EFFECT—Having the longest duration of action of any

nitrate or nitrite (see the chart below), arterial pressure can be maintained at a point where symptoms of hypertension are generally avoided.

3. SAFETY—Nitranitol can be used over an extended period of time *without toxic manifestations*.

Nitranitol is prepared in the form of scored tablets, each containing $\frac{1}{2}$ gr. mannitol hexanitrate, and supplied in bottles of 100 and 1000. Usual dosage is 1 or 2 tablets every 4 to 6 hours.

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DRUG	DOSEAGE per 100 Systemic Blood Pressure	EXTENT OF FALL in mm. Systolic Blood Pressure	REACHING AND RETURNING FROM MAXIMAL FALL												MAXIMAS FALL MAINTAINED
			1	2	3	4	5	6	7	8	9	10	11	12	
Spir glyceryl nitrate	2-3 min.	25-30													
Sodium nitrite	2-3 grs.	32													
Erythritol tetranitrate	$\frac{1}{2}$ -1 gr.	35													
Mannitol hexanitrate	1 gr.	35													

(Based on results of the work of Matthew, as summarized by Sollmann, T.: Manual of Pharmacology, Philadelphia, W. B. Saunders Co., 1936, page 483.)

tients are well able to pay my fees. But if I were to boost those fees, it would work a hardship on a sizable number of them.

Probably I could handle all my work by having office hours every night. But I've worked at high speed throughout my professional life, and I feel I must devote those extra evenings to relaxation.

Perhaps through the medium of your widely read pages you can discover some pertinent solutions worked out by other physicians who have faced this problem.

M.D., New Jersey

[One solution might be to use a variant of the fee-raising alternative. Under this plan, fees would be raised but deserving patients would be charged for, say, only two out of every three calls. The actual cost of care to these patients would thus remain about the same. The arrangement between physician and patient in these cases would of course be confidential.

MEDICAL ECONOMICS invites its readers to submit other practical expedients for meeting this doctor's problem.—THE EDITORS]



Pictures In This Issue

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Pp. 60, 61—Acme
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Sagebrush grows best in a desert, and marsh grass blooms in a swamp. The human colon seeks a middle course between these two extremes.

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In the corrective treatment of constipation, the success of

MUCILOSE

lies in its capacity to produce a nearly normal condition of the fecal content by controlling "water-balance."

In a recent investigation the increase in hydration produced by Mucilose was found to be nearly double that of tragacanth preparations.*

*Colloid Laxatives Available for Clinical Use: Gray, H. and Tainter, M.L., Jour. D.D., 8:130-139 (April) 1941.

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Frederick Stearns & Co.
Detroit, Mich.

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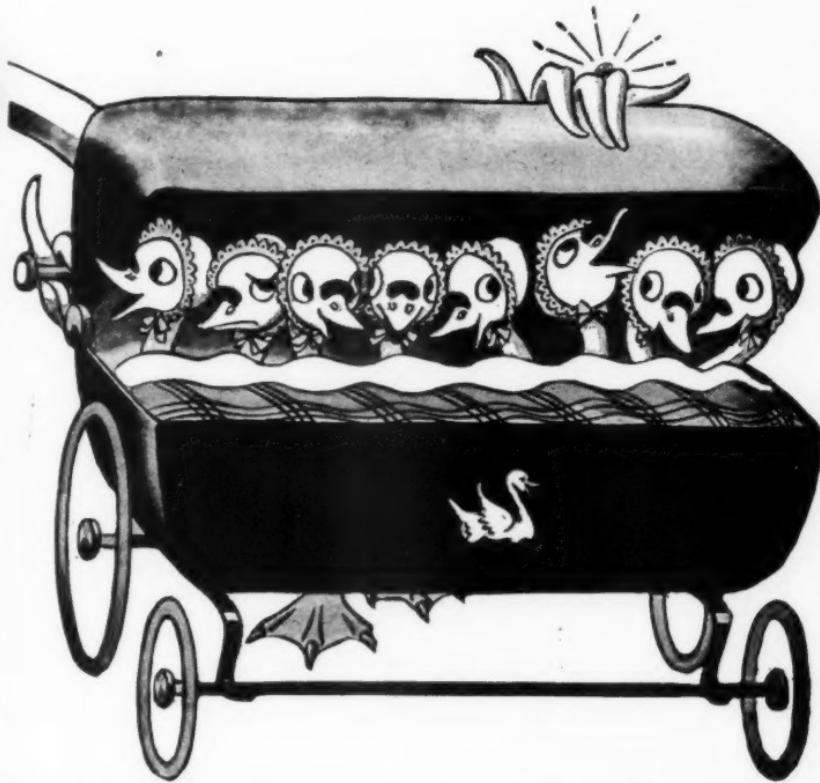
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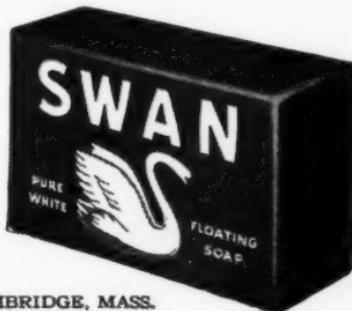


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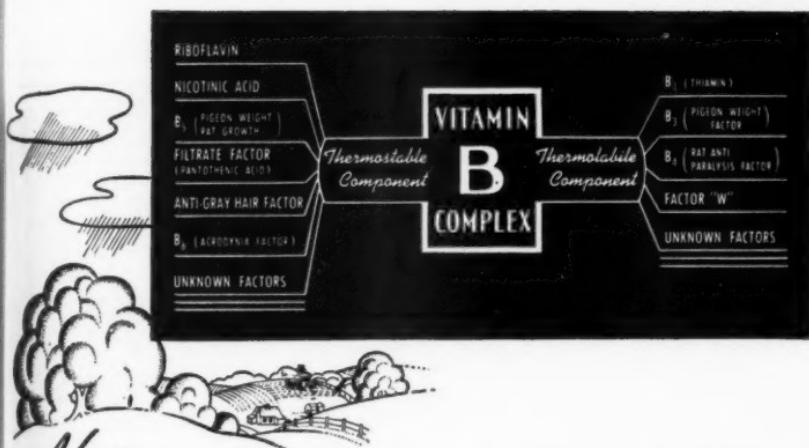
Sal Hepatica, taken with plenty of water, is particularly indicated in constipation due to insufficient water intake. The solution of Sal Hepatica, through osmotic equilibrium, forms *liquid bulk* in the "arid" intestines for gentle flushing of the bowel and activation of peristalsis. Mildly alkaline Sal Hepatica often alleviates simple gastric disturbances and brings about an increased bile flow.

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Whole Natural B Complex with its 16 or more distinct vitamins, is the choice of nutritional investigators today.

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The Newer Concepts of Meat in Nutrition

Meat . . . *in the Management of Enteric Disease*

IN the dietary management of many intestinal disturbances such as colitis, the dysenteries, and acute catarrhal enteritis a low-fiber, low-residue diet is indicated. Hence many foods ordinarily depended on for vitamins and minerals must be eliminated because of their content of indigestible cellulose which proves irritating to the hypersensitive intestinal tract. Easily digestible, low-fiber foods must carry the burden of satisfying nutritional requirements. Furthermore, since the need for thiamine and other B complex vitamins is increased in these conditions, the daily dietary must be especially rich in all of these vitamins.

According to Donald and

Brown,* protein derived chiefly from red meats, liver, kidney, sweetbreads, and lean pork is the most important food for the patient afflicted with ulcerative disease of the colon. They concluded from their investigation that the prognosis is greatly improved by a high protein diet.

Because meat and meat specialties (kidney, liver, and sweetbreads) contain little or no irritating fiber, and are almost totally digestible, they are pre-eminent in low-residue diets as food sources of biologically adequate proteins, the essential B vitamins and the minerals iron, copper, and phosphorus.

*Donald, C. J., Jr., and Brown, P. W.: Ulcerative Colitis, Am. J. Digest. Dis. 7:234 (June) 1940.



The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

**American Meat Institute
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Help Build a
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- When iron reserves are depleted and the daily intake is low, help build a normal blood picture with the aid of Hematinic Plastules.*

This modern therapy provides soluble ferrous iron in a well-tolerated, easily assimilated form. Small doses effect a prompt improvement in most cases of iron deficiency and secondary anemia.

When you think of iron—

- R HEMATINIC PLASTULES PLAIN
Suggested dosage—1 T.I.D. after meals.
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HEMATINIC PLASTULES with LIVER CONCENTRATE
Suggested dosage—2 T.I.D. after meals.
BOTTLES OF 50 AND 100

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PHYSIOLOGIC ANTISEPSIS WITH ARGYROL



- NO CILIARY INJURY
- DECONGESTION WITHOUT VASOCONSTRICTION
- DETERGENT AND DEMULCENT
- NO PULMONARY COMPLICATIONS
- NO SYSTEMIC TOXICITY

Safe and Effective Mucous Membrane Therapy

The ability to kill microorganisms is but one of many factors which determine the clinical efficacy of a mucous membrane antiseptic.

It is because ARGYROL impedes bacterial life without injuring the tissues; because it aids and does not impede those natural defensive processes which the tissues employ to throw off infection, and because it is non-noxious to the organism as a whole, that ARGYROL is truly a "physiologic mucous membrane antiseptic."

ARGYROL effects a decongestion through circulatory stimulation and without resorting to powerful artificial vasoconstriction. Because of its unique physical properties

it is detergent, demulcent, and inflammation-dispelling. But it is non-injurious to the cilia—whose vital role in overcoming upper respiratory infections has been repeatedly pointed out. ARGYROL remains equally bland and non-irritating to the tissues in all concentrations from 1% to 50%, and it is free from the dangers of systemic toxicity and pulmonary complications.

ARGYROL has a superior clinical record to all other mild silver proteins and it is chemically and physically different—in colloidal dispersion, in Brownian movement, in pH and pAg and in chemical reactions. Insist on the Original ARGYROL Package.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
4. NO PULMONARY COMPLICATIONS
5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE



SIDE LIGHTS

Many medical societies on the East and West coasts—and even some in the central portions of the country—are now ready with complete medical emergency facilities that can be activated on a moment's notice.

Physicians associated with these societies have been organized into mobile units and arranged according to geographic zones. In case of explosions or air raids, they know what has to be done and how to do it.

In most such localities, when disaster comes, the order to mobilize medical forces is flashed to the medical association by the local police or fire department. Telephone operators are on the job day and night to round up physicians and surgeons for emergency duty. Some practitioners, acting on previously prepared instructions, speed to the scene of the emergency for first-aid work. Others hasten to hospital posts. Transportation is so planned that casualties may receive prompt attention.

The speed with which medical emergency plans have been organized is a marvel of accomplishment. Those county societies which have not yet initiated their plans or are just about to do so have good examples to follow. May they be followed with the least possible loss of time.



"I feel rotten."

"Then why don't you see a doctor?"

"Oh, it'll pass. I don't want a doctor."

This dialogue takes place every day. In many cases, despite the patient's protestations, he would like

nothing better than to see a doctor. But he's afraid. Not for himself, but of the expense it may involve.

If he knew what this expense were likely to be, he could measure it against his need and his pocketbook. But he doesn't know. So the uncertainty halts him. It can only be hoped that his ailment isn't a serious one and that the price of neglect is not subsequent tragedy.

When a man goes out to buy a pair of socks or a Pepsi-Cola, he knows what it's going to cost him. When he contemplates medical care, the cost is an unknown quantity. This is perhaps the strongest force at work keeping the patient away from the physician.



An increase of about 10 per cent in ordinary life insurance premiums was put into effect on January 1, 1942 by the Metropolitan Life Insurance Company. On the same day the Prudential Insurance Company boosted its rates 8 per cent. This action by the two largest life insurance companies in the country is believed to herald similar premium increases by other companies in the near future.

How will policyholders be affected?

The answer is that holders of contracts now in force will *not* be affected; for an insurance policy is a legal agreement that can be changed only by mutual consent or in accordance with policy provisions. Buyers of new insurance, on the other hand, may definitely be affected; so their cue, if they want to take advantage of the old rates, is to buy early.

The Metropolitan has cut its reserve basis to 2½ per cent; the Pru-

dential, to 2½ per cent. The reserve basis is the rate of interest an insurance company estimates it must earn on its investments in order to pay policyholders what it has promised them. Now that better-grade bonds are returning not much more than 2 per cent, it is understandable that companies holding these bonds should be reluctant to pay their policyholders 3 per cent.

Take the case of a man of 35 who buys a \$1,000 life insurance policy. If the company that insures him were to retain all its funds in cash, the premium it would have to charge would be \$29.40. If, however, the company invested these funds at 3 per cent interest, it would be able to reduce the premium to \$18.99.

A growing number of companies now feel, apparently, that the prospect of earning 3 per cent on their money is poor. They must therefore content themselves with a lower yield on their investments, relying upon higher premiums from policyholders to make up the difference.



When two or more practitioners share the same building, one of them, soon or later, is bound to get the inspiration of calling the place a "clinic." Instead of remaining just a couple of doctors who practice under the same roof, they become the Green Rapids Clinic, with all the glamour the title implies. If the men happen to be specialists, and there are several of them

—say, a pediatrician, a surgeon, and an ALRist—they may even go a step further and name themselves the Green Rapids Medical Center.

This bit of plumage is harmless enough if the establishment is actually able to offer an assortment of good specialty services plus the facilities to implement them. The change of name may even contribute toward a brisker practice by reason of its authoritative, efficient sound.

The disadvantages of institutionalizing one's practice do not appear on the surface; yet they are none the less pronounced. Here are three of them:

(1) The term "medical center" or "clinic" carries the connotation of a partnership; so that in some jurisdictions each doctor associated with the unit may be held liable for the negligence of the others. (2) In certain States, any agency using the title "medical center" may be supervised and investigated by the State hospital commissioner on the theory that such a center is a "hospital" and, as such, is subject to the regulations and restrictions imposed on hospitals. (3) It has been held that the title "clinic" implies an organization which is in a position to render a grade of medical care superior to that offered by the average practitioner. The risk of malpractice action, as well as rates for malpractice insurance, may thus be increased.

Moral: If you wear feathers you can expect to be plucked.

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Semi-diagrammatic section of the colon

How to regulate a spastic bowel and overcome constipation without irritating or damaging the fragile mucosa? There's a simple answer now. **Metamucil-2** is so highly refined and smooth in texture that its bland bulk stimulates peristalsis gently—without trauma to the intestinal wall.

This purified extract of Plantago Ovata (Forsk) is combined with a special dextrose base which mixes easily with water or fruit juices, and is pleasant to take—

another feature which makes its use particularly advantageous in the management of constipation.

On your prescriptions specify the new

Metamucil-2

(Green Label)

**Supplied in 1 lb., 8 oz.
and 4 oz. containers.**



G.D. SEARLE & CO.

Ethical Pharmaceuticals Since 1888

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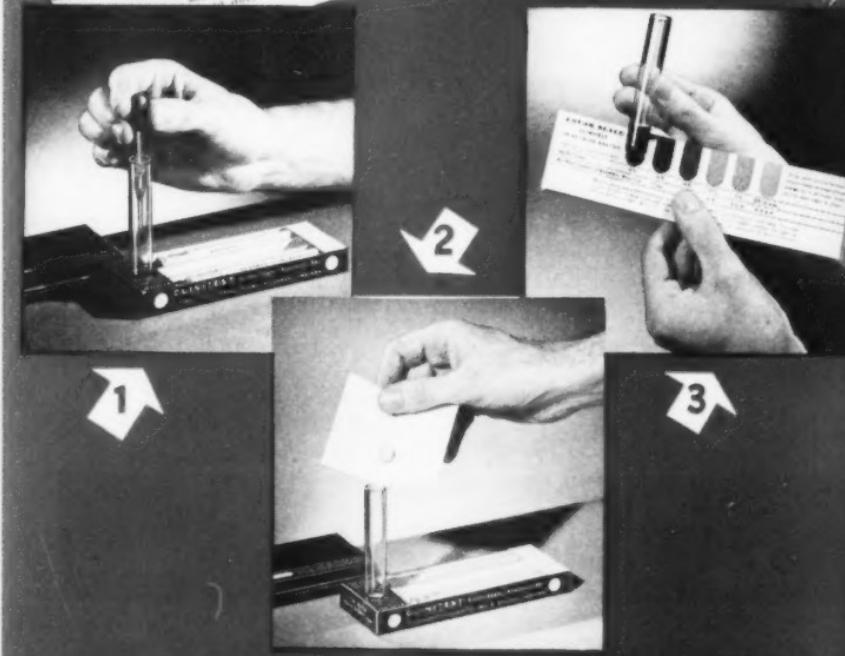
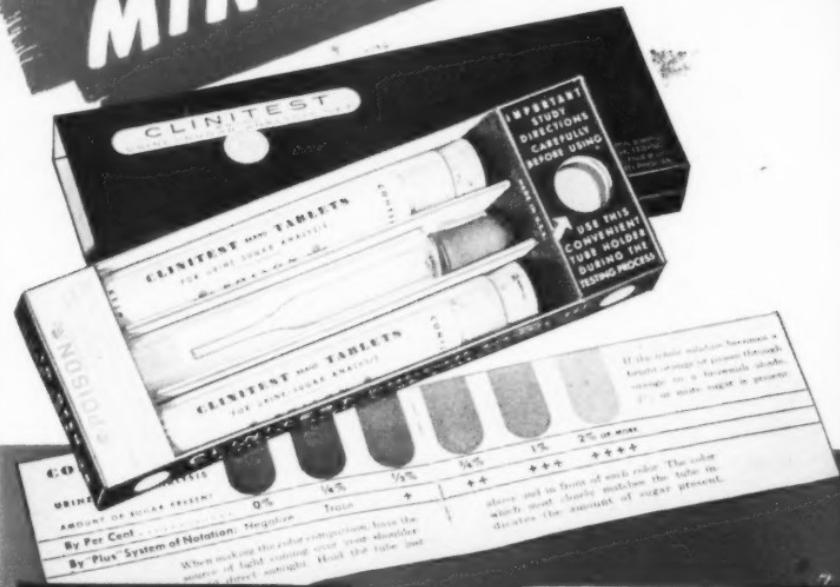
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To meet the needs of the physician, the laboratory technician, the nurse and the diabetic patient—a new, simple, time-saving, accurate urine-sugar test has been developed.

It offers these practical advantages:

Saves Time—A test can be made in less than a minute.

Simple—No complicated equipment. No heating—tablet generates own heat.

Accurate—Color Scale provides distinct color graduations at 0%, $\frac{1}{4}\%$, $\frac{1}{2}\%$, $\frac{3}{4}\%$, 1% and 2%-plus, retaining familiar color progression of qualitative Benedict's test.

Convenient—Set contains no liquids to spill. Small, compact—can be carried in pocket or bag.

Saves Money—The complete CLINITEST Urine-Sugar Analysis Set, with tablets for 50 tests, all in the small pocket-size case, costs only \$1.25.

Do your Urine-Sugars by the *CLINITEST Tablet Method*.

Write for full descriptive literature

EFFERVESCENT PRODUCTS, INC.

Elkhart, Indiana



Sun's-Eye View of 38,000,000 Americans

When the sun reaches your patients these cold, winter days its antirachitic rays are diluted, filtered, shaded, inactivated—especially for these 38 million Americans who live under the dust and smoke of our largest cities.

Vitamin A, too, is less generally available in winter than in summer. Some food products such as milk become weaker in A as winter progresses.

You can't do much about the smoke and clouds, but you can see to it that your patients, young and old, get their full quotas of the essential A and D vitamins by prescribing White's Cod Liver Oil Concentrate.

Three economical dosage forms

In addition to its other advantages, of form, flavor, and freedom from fatty bulk, White's Cod Liver Oil Concentrate is economical for your patients. Here are the natural A and D vitamins of time-proved cod liver oil, in:

Liquid form—for drop dosage* to infants (two drops the vitamin equivalent of one full teaspoonful of oil*)

Tablets—pleasant-tasting, for youngsters and adults (each tablet the vitamin equivalent of one teaspoonful*)

Capsules—for larger dosage (each tiny capsule the vitamin equivalent of 4 teaspoonfuls*)

You will be gratified by the results of your prescription of ethically promoted, Council-Accepted White's Cod Liver Oil Concentrate. White Laboratories, Inc., Newark, N. J.

*U.S.P. Minimum Standards Cod Liver Oil



WHITE'S COD LIVER OIL CONCENTRATE



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PURETEST
PLENAMINS

enable you to prescribe high potency Vitamins
essential to your patients' health

Puretest Plenamins—A, B, D, C, E and G (B₂) with Liver Concentrate and Iron Sulfate are tested, checked and rechecked in The Department of Research and Technology in one of America's finest and most modern pharmaceutical laboratories.

Puretest Plenamins are economically packaged in amber and black capsules in boxes of 72 and 144 to the box. One amber and one black capsule supply the following essential Vitamins:

Vitamin A . . . 15,000 Units (U.S.P. XI)
Vitamin D . . . 1,000 Units, U.S.P.
Vitamin B . . . 250 Units, U.S.P.

Vitamin C . . . 500 Units, U.S.P.

Vitamin E . . . Wheat Germ Oil

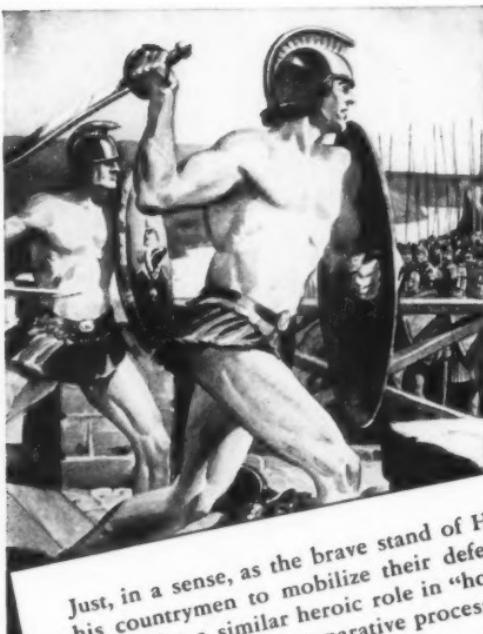
Vitamin G (B₂) Riboflavin—100 Gamma
(Micrograms)

Only through your Rexall Druggist can you obtain Puretest and U.D. products. There are more than 10,000 of these stores in the United States, Canada and throughout the world. Their trained pharmacists are ready to fill your prescriptions to the letter. Liggett and Owl Stores are also Rexall Stores. For safety and economy get your prescriptions and drug store supplies at your convenient neighborhood Rexall Store.

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Pharmaceutical Chemists—Makers of tested-quality products for more than 39 years



Checking A HOSTILE FORCE

Just, in a sense, as the brave stand of Horatius permitted his countrymen to mobilize their defenses, so do many drugs play a similar heroic role in "holding the enemy at bay" to facilitate the reparative processes.

The action of Syntrogel Tablets in combating hyperacidity — checking the acid tide — facilitates healing of gastrointestinal lesions and recovery from other alimentary disorders. Syntrogel Tablets afford prompt and definite relief of pain and discomfort in functional and organic disorders, in which gastric hyperacidity or flatulence, or both, are symptoms.

The chief ingredients of Syntrogel Tablets are a highly effective, non-absorbable aluminum hydroxide, and Syntropan, the Roche non-toxic, non-narcotic antispasmodic. Syntrogel Tablets are small in size and of a pleasing flavor; they may be chewed or swallowed whole.

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Send me a free, trial package of the new quick-acting, good-tasting, Syntrogel Tablets.

New Form
**SYNTROGEL
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FOR RAPID RELIEF OF
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EDITORIAL

The Call to the Colors

• The general method by which physicians will be selected for wartime service has been determined. The Procurement and Assignment Service for Physicians, Dentists, and Veterinarians—aided by the Committee on Medical Preparedness of the American Medical Association—is now geared to pick doctors for the various services that require them.

Data on about 160,000 medical men, secured through the Medical Preparedness Survey of the A.M.A., will be of inestimable value to the Government in selecting medical personnel. Also of value will be the information furnished by physicians on the special blank designed for enclosure with the Journal A.M.A. This will reveal which practitioners are immediately available for duty and to what services they are best suited.

At least 13,500 physicians are already serving in the army and navy. Several thousand more are engaged in the U.S. Public Health Service, the Veterans Bureau, and other Federal agencies. Additional thousands are working in essential war industries.

But this is only the beginning. Newspaper reports indicate that in the months that lie ahead our military and naval establishment will grow to include at least 6,000,000 men. If that happens, and if the Government continues to require more than seven physicians for every thousand men in service, the number of medical men

absorbed by the armed forces alone will total at least 42,000 (or 51,000 should the 8.5:1,000 ratio of World War I be observed).

Many physicians will be summoned for duty immediately. Those who stand any chance of being called will do well to get their private affairs in order quickly. This includes (1) selecting a colleague who is willing and able to act as a substitute in one's absence; (2) taking any steps that can be taken to protect one's private practice from complete disintegration; (3) strengthening one's hospital connections so their resumption may be possible after the war; (4) providing for the support of dependents left at home; (5) arranging to defray life insurance premiums with limited army or navy pay.

The May bill, to require the registration of all U.S. males between 18 and 65, included in its preamble these words:

"The Nation is fighting for its existence and its future life...It is the national policy to accept no result save victory, final and complete, over all enemies of the United States."

American medicine will do its part, and more, to fulfill that pledge to the letter.

H. Sheridan Bakstel

Inflation vs. insurance

BY BION H. FRANCIS

The doctor's life insurance policies were spread across the table. He eyed them with scant enthusiasm.

"Under present circumstances," he said, "they would give my family a living income in the event of my death. But if inflation really strikes hard, God knows what they'll be worth. Perhaps you can give me some advice."

"Glad to," I replied. "But let's begin by reviewing what you have here."

The first policy was a \$10,000 term insurance contract.

"This has no cash value," I remarked. "Your premium—except that portion of it set aside by the insurance company for administrative expenses—is used to pay death benefits exclusively. A term policy may thus be said to represent pure insurance, minus any investment or savings feature."

"That's right," the doctor agreed. "But how will inflation affect it?"

"That depends on how serious the inflation is, how long it lasts, and when you die in relation to it. Obviously, no matter how severe the inflation, if you die after it's all over and the dollar has regained its present value, your insurance will probably be worth as much as it's worth today."

"But suppose that I die in, say, ten years and that the dollar will then buy only half as much as it

buys now," my listener asked. "To provide the same purchasing power for my family, I'll need twice the insurance I have at present."

"Quite so," I nodded. "You now pay \$120 a year for your \$10,000 of term insurance; you'll then have to pay \$240 a year for \$20,000 of insurance if you expect your family's purchasing power to be maintained at the same level. But—

"During the ten-year period you will have paid premiums with dollars whose value has declined just as the value of your original death benefit has declined. If, during this same period, your income has kept pace with the inflation by doubling (which isn't probable), it will be no harder for you to pay a \$240 premium at that time than it is to pay a \$120 premium now. If, on the other hand, your earnings have increased but have not doubled (a more likely prospect), the \$240 premium will then consume a larger proportion of your income than the \$120 premium does today, and thus be more of a burden."

"I take it, then," said the doctor, "that the thing for me to do generally is to try to increase my term insurance in proportion as the purchasing power of the dollar declines."

"That's it exactly. And if there's any doubt of your being able to pass a physical examination for further insurance later, you had

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The next policy was for \$5,000 of ordinary life. "I bought it a year ago," the doctor explained. "I was going to get a \$10,000 policy, but I decided, instead, to put some of the money into Defense Savings Bonds."

"This contract has no cash value yet," I noted; "but it *will* have as time goes on. Part of your premium here goes for death benefits and part goes to build up the cash value. The policy thus combines (1) insurance and (2) savings."

"I understand now how inflation will affect the insurance," my listener said. "But how about the savings the policy includes?"

"Again it depends on the length and severity of the inflation," I replied, "and also on when you cash in the policy. The savings included in your contract represent a fixed number of dollars. If these savings are withdrawn during a severe inflation, their purchasing power (like that of banked savings) will be appreciably less than it is now. You must therefore make your own guess about the extent of the inflation confronting us. You must decide whether you wish to continue placing your savings in the "bank" provided by your ordinary life policy or whether you would do better to rely on pure insurance, while placing your savings in things like stocks, whose dollar value will more nearly keep pace with an inflationary upswing... So much for this point now; I'll return to it later."

As I picked up the next policy the doctor smiled: "This is the first one I ever bought. It, too, is for \$5,000 of ordinary life; but, unlike the other one, it has a cash value of \$600. The policy was pur-

chased to help pay a life income to my wife."

I pointed out that the contract had been executed several years ago when high interest rates made possible a life income 20 per cent larger than is available today on the same principal. "Consequently," I continued, "if you replaced it today—which I certainly don't advise—you would need at least a \$6,000 policy to provide a life income of equal size."

"All right," the doctor answered. "But how about borrowing the cash value and putting it where it will be protected against inflation?"

"Better not," I advised. "It would scarcely be logical to pay interest on the \$600 loan at 6 per cent when you probably couldn't get as much on the security into which you transferred your money. By the way, what is the total of your investments?"

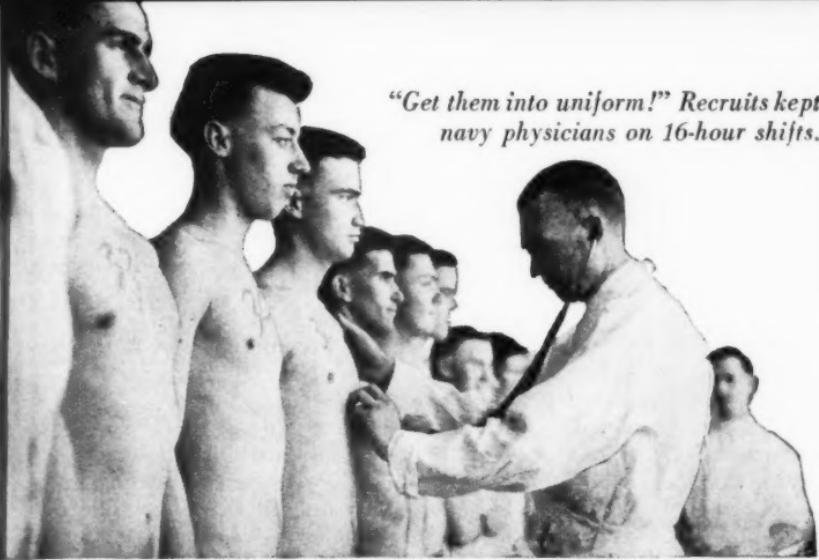
He considered briefly. "About \$5,000, including this \$600 cash value. Why do you ask?"

"Because one of the ways to hedge against inflation is to maintain a proper balance between holdings that will protect you if inflation comes and holdings that will protect you if it doesn't come. Common guards against inflation are, of course, common stocks, commodities, and real estate. Just the opposite are bonds, annuities, cash values, and other holdings that represent a fixed-dollar value.

"It would be my suggestion," I concluded, "to maintain about \$3,000 (60 per cent) of your investment fund in common stocks or the equivalent and \$2,000 (40 per cent) in fixed-dollar holdings (say, \$1,400 in Defense Savings Bonds and \$600 in your present cash value)."



From the first bomb-burst, navy medical officers at sea (above), on island outposts like Hawaii (right), and at recruiting centers on the mainland (right, top) found themselves at dead-center of America's battle. Battleship shown is the ill-fated U.S.S. Arizona.



"Get them into uniform!" Recruits kept navy physicians on 16-hour shifts.

Navy Doctors Fight Back

• Navy doctors at battle stations along the U.S. life-line in the Pacific last month made first entries in the medical history of America's second World War. Bombed and

blitzed on shipboard and at naval hospitals in Guam, Pearl Harbor, and Luzon, they answered with action and left till later the counting of their dead. In simple words, the U.S. Navy Medical Corps came to grips with the job—the dirty job—for which it has long prepared.

War in the Pacific was not the only line of duty patrolled by the navy medical service. Doctors in uniform shared in the black vigil of the Atlantic patrol. At Panama and the Caribbean bases and at naval hospitals along the Nation's coastlines, they turned to face new onslaughts. In navy and marine corps recruiting offices they lived on cigarettes, hot coffee, and sandwiches through twelve- and sixteen-hour shifts, examining the



multitude of volunteers. Here and there among the new faces were those of colleagues eager to stand beside them.

* * *

A battleship is a sea-going steel fortress about 100 feet wide and 600 feet long, crowded with some 1,200 trained fighting men. The ship's medical officers (usually 3) work in snug compartments which include a well supplied sick bay, a small-scale but modern operating room, a hospital ward with double-decked bunks, an isolation room, and a combined dispensary and office. Their assistants are a corps of

specially trained enlisted men. In time of battle they transfer the sick and wounded to an emergency sick bay protected by heavier armor, and redistribute medical supplies and equipment. Following a plan worked out with other department heads, they then direct the collection and treatment of casualties. All is accomplished with the precision of a crack gun crew in action.

The magnitude of the navy doctor's responsibility does not diminish with the size of the ship he serves on. The exact opposite is often the case. A lone physician on a

Stripped for battle, a 35,000-ton warship goes into action. At this zero hour, medical officers have marshalled all their resources for instant collection and treatment of casualties. Enlisted corpsmen rush wounded to miniature hospital below decks, where doctors must operate despite guns' concussion.



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Laboratory medicine is the navy's first line of health defense. Varying sanitary and climatic conditions from port to port, plus crowding of men on ships, puts premium on sanitation, diet control, disease-prevention. Physician-officer here is making blood count in battleship lab.

Up-to-date operating room equipment like this, with special shock-proof features, is snugly fitted into battleship's medical quarters. These facilities, though adequate, are minimum according to hospital standards. They are considered elaborate, however, by doctors serving on smaller ships like cruisers and destroyers, where cramped space requires that equipment be cut still further.



Navy doctors go overboard in life boats during "Man overboard!" and "Abandon ship!" drills, and on rescue missions to other ships. Photo shows medical officer (white uniform) steadyng himself as boat lowers away. Life boats must be kept stocked with medical supplies at all times.



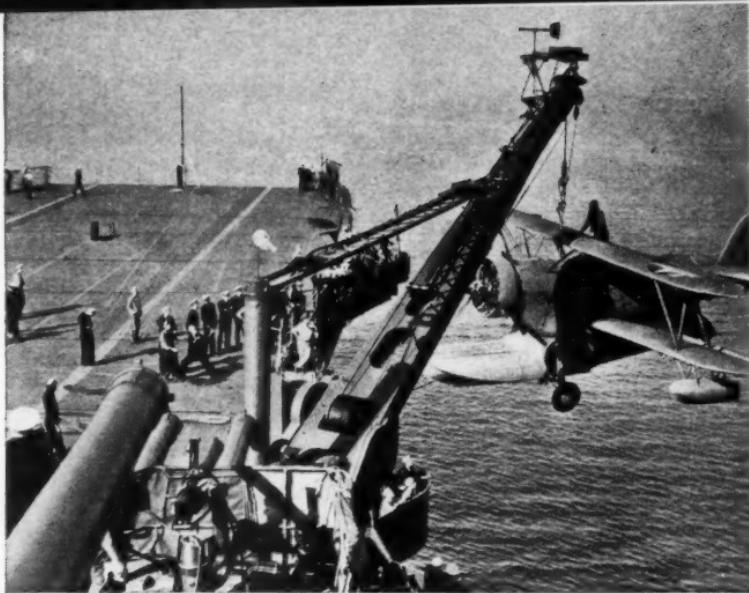
destroyer, for example, must work in cramped quarters with a handful of equipment, diagnosing, dispensing, and operating in the face of repeated emergencies, all without benefit of consultation or relief.

Naval medicine requires special training for a host of shipboard emergencies besides enemy bombing and shelling. The navy doctor must reckon with gas warfare, steam-boiler explosions, fire, injuries sustained in launching and recovering catapult planes and in collisions. He goes over the side in a life boat to rescue and resuscitate a man overboard. He must see that every life boat is properly stocked

with medical supplies against the day when "Abandon ship!" may become reality instead of drill.

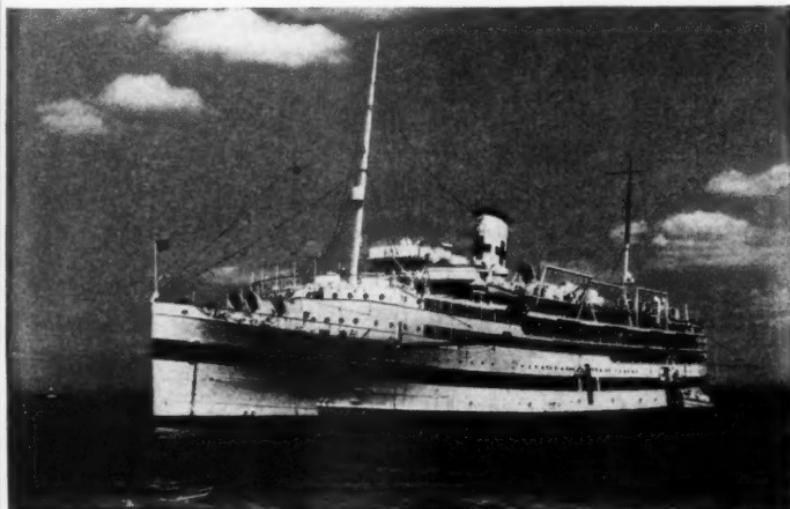
Even when all's well, there is little rest for the medical officer at sea. He must see that the crew's drinking water is distilled; that living quarters are scrupulously air-conditioned; that food is preserved and handled with utmost care. Diet must be controlled and adjusted to climate and to the varying physical demands placed on sailors. The danger of injury is ever present. Surrounding the men are fans, motors, pumps, ammunition hoists, and a maze of powerful machinery. Magazines choked with

[Continued on page 113]



Operation of catapult planes or aircraft based on carriers involves constant physical hazards from crashes, fire, and drowning. Doctors serving on carriers—the Lexington is shown above—are specialists in aviation medicine. One of the navy's two hospital ships, the

U.S.S. Solace (below) was put in service last September. At commissioning ceremonies, Rear Admiral Charles M. Oman grimly reminded the ship's 13 medical officers that 11 hospital ships went down in the last war. *Solace* was reported at Pearl Harbor during Japanese attack.



Medical defense in action

Surprise alarms find Southampton doctors alert after months of preparation

★ Long before many American communities got down to serious thinking about civilian defense preparations, a flying star had been made in New York State's Suffolk County. The machinery for dealing with emergencies in this large Long Island county has been so adjusted and perfected that it may well serve as a model for other non-urban communities.

From the viewpoint of medical preparations, perhaps the most progressive township within this defense area is Southampton (population: 15,000). Members of the medical service there have been training intensively for almost a year. The coordinated teamwork they have developed may be inspected with profit by physicians everywhere. Here's the way it has functioned under realistic trials.

On the night of last October 14, Suffolk County underwent a test blackout, sponsored by the local defense council and the U.S. War Department. Just 40 seconds before 7 o'clock, a yellow light flashed on the master control table of the county's civilian defense headquarters at Riverhead. The signal, sent by the army air corps, denoted the approach of hostile aircraft. Direct telephone wires to eleven town report centers relayed the warning throughout the county, and within

2 minutes and 20 seconds sirens and fire whistles were screaming all over Suffolk's 920 square miles.

Lights winked off in homes, cars pulled off the roads and doused their head lamps, and master switches cut street lights. Except for the lights of police and defense vehicles (dimmed with green cellophane) the county was totally dark. At 7:08 a blue light on the control board signified "planes overhead," and two minutes later a flashing red light indicated "bombs falling."

To give emergency workers a real test, secret volunteers scurried out in the blackout after the sirens had sounded and set off red flares, each of which represented an "incident" or "problem." The flares were spotted at pre-designated strategic locations; attached to each was a note describing the "damage" at that place. Typical problems were destruction and injury caused by high explosives or incendiaries.

When the air raid warnings first screamed, Southampton Township's volunteer workers (doctors, nurses, and laymen trained in first aid) hurried to eight designated first aid posts. Working with practiced skill, they formed into specific units: several complete first aid squads, a decontamination squad, a canteen

squad, etc. At each post, members of one first aid squad picked up their haversacks of medical supplies, hopped into "ambulances" (station wagons or light trucks), and headed for the nearest fire station. There they waited until fire engines clanged off to "bombed" areas, then followed close behind.

Meanwhile, air raid and fire wardens, also sent into action by the sirens, had located the flares, determined the "damage," and hastily phoned the town's report center. The latter, functioning as a nerve center for local defense activity, sent fire engines and their trailing first aid squads speeding to the scenes. The squads piled out at each "problem" and located the casualties, who were tagged with descriptions of their visible injuries.

First aid squads and fire engines went out on their calls at approximately 7:19. By 7:38 all minor casualties had been given preliminary first aid on the spot and then taken to the posts for fuller attention. The severely injured were rushed to the Southampton Hos-

pital. Ambulances which transported hospital cases were back at their posts by 7:45.

In places where severe "bombing" required additional ambulances, a call to the nearest first aid station brought them on the run. Where phone service was presumed interrupted, the squad's personnel car was sent hurrying back for reinforcements. The "injured" who were able to sit up were also taken to the post by personnel cars. The accident room of the local hospital was ready, with two receiving teams waiting to take casualties as they arrived.

At the first aid posts, while the squads were out on their collection errands, the remaining personnel prepared equipment to care for the first casualties. As cases began to arrive, the post physician (one for each post) checked each patient's condition and gave any further treatment indicated. When the flow of casualties ceased, doctors reported to hospitals to assist in attending the badly injured.

During this meticulously managed

PERSONNEL AND DUTIES OF A FIRST AID SQUAD

Position

Leader (physician or registered nurse)

Registered nurse

Nurse's aid (usually a practical nurse)

First aider (graduate of Red Cross course)

Stretcher bearers (4)

Duties

Direction of the squad in the field

Assistant to leader

Assistant to registered nurse

Rendering first aid under supervision

Driving ambulances; carrying stretchers



A hypothetical torpedoing sends Southampton's emergency first aid squads hurrying to shore in unscheduled test. "Casualty" is bundled up, carried on home-made stretcher to makeshift ambulance.

mock raid, 220 volunteer workers with seventeen ambulances were hard at work in Southampton Township. The "problems" produced twenty-six casualties in the town, of which eleven required hospitalization. (There was also one real casualty: a fireman who was struck

by a car and who was efficiently whisked off to the hospital.)

Besides the civilian defense organization, numerous other agencies integrated their activities in combating destruction from the sky. Police enforced the blackout, roped off trouble areas, guarded against looting; the Red Cross went into action; the American Women's Hospital Reserve Corps supplied ambulance drivers; the county medical society had beforehand made available a listing of local physicians classified according to special



Litter stands, shown above in a first aid post, cost about 90 cents apiece. Stretcher, made of two poles, two end boards, and potato sacks, can be assembled in 30 seconds, costs around 75 cents.

Suffolk County's control center maps data phoned in from villages as the mock raid progresses.

qualifications; even the Boy Scouts were prepared, according to motto.

When the "all clear" sounded at 8:06, Southampton Township and Suffolk County had demonstrated that by planning, practice, and co-ordination, small communities need fear no comparison with elaborately manned big-city civil defense machines. Careful time studies revealed that the interval between the initial warning and the return of the last ambulances compared favorably with equivalent intervals in demonstrations at the Army's Medical Field Service School at Carlisle Barracks, Pa.

Here's a more detailed picture of the medical set-up in this model civilian defense system:

Southampton Township's first aid posts are located in schools, parish houses, clubhouses, and central buildings. Personnel of a post varies from twenty to fifty persons, depending on the area served. A trained nurse is usually the post director, though the physician assigned there is of course in complete charge when patients begin to arrive. Personnel at each post is assigned to one of four kinds of units:

1. *First aid squad.* This is the essential unit and a typical post has several such squads. Duties include locating and rendering first aid on the scene, and transporting casualties to post or hospital. (A description of the personnel and individual duties of first aid squad members may be found in an accompanying table.)

2. *Decontamination squad.* This usually includes a leader and four helpers, equipped with oilskin clothes, high boots, masks, and rubber gloves. Workers are trained in handling contaminated clothes, giv-

ing kerosene baths, and similar duties.

3. *Canteen squad.* A leader and three helpers have charge of preparing food and hot drinks, supplying hot water, and billeting those who have been bombed out.

4. *Clerical squad.* Also usually composed of a leader and three helpers, this unit attempts to identify casualties; records names, injuries, and treatments; and fills in wherever needed.*

Three to eight ambulances, plus additional personnel cars, are assigned to each post. One ambulance and squad is usually held in reserve at the post to form a relay or to answer subsequent emergency calls. When a station wagon is used as an ambulance, all seats except the driver's are removed, leaving space enough for two stretchers and several volunteer workers. Each ambulance carries two rope-handled wooden boxes of supplies. Contents include arm and leg splints, bandages, surgical dressings, etc. Each ambulance is also equipped with lanterns, flashlights, an axe, blankets, a water pail, and stretchers. First aid squads are trained to check equipment carefully on return to their stations.

The stretcher used is worth description. It consists of two poles, inserted in a pair of burlap sacks, and separated by end boards. The latter are 10" by 24" and cut with holes for the poles in such a manner that a patient is supported several inches from the floor when

[Continued on page 108]

*For complete information about recommended organization and equipment of emergency medical units, see Bulletins 1 and 2, published by the Medical Division, Office of Civilian Defense, Washington, D.C.

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The writer scans terrain for a collecting station site.

Army Speeds M.D. Training

BY LIEUT. TED F. LEIGH

FORT McCLELLAN, ALA., DEC. 15

• War has driven home to every army medical officer one hard-boiled fact: Laxity in our work now may cost men's lives later. Newspapers tell how medical units have shared in full measure the fortunes of our Pacific island troops. We're determined to be ready when our turn comes.

Training has been tremendously intensified. The number of lectures has been boosted. Field demonstra-

tions are no charade, but a careful duplication of battlefield conditions. Today I spent three hours with litter squads, leading them across ditches, through plowed fields, over barbed wire. Not easy, with a real-life soldier in each litter.

The stepped-up pace keeps us busy; afternoons previously free are now devoted to tough physical training. Morale has risen strikingly. The medical corps is in a "Let's go!" mood. [Turn the page]

Army Speeds M.D. Training (con't.)



1. Since the Japs declared us in, classroom study for medical officers has been greatly increased. Here a chemical warfare expert lectures on best defenses to use against gas. Officers have been sobered by a new realization of responsibility for men under their command. Discontent over field duty is forgotten.

2. Enlisted men as well as officers in the medical regiment reacted to war declaration with heightened morale. Added hours of work have not dampened their enthusiasm. Here two medical troopers scrub down newly delivered four-wheel-drive ambulance.





3. Maneuver-hardened men of the 102nd Medical Regiment, U.S. Army, march with field equipment in a review of the entire 27th Division. Leading are the colonel and his staff. Three battalions follow, accompanied by motorized equipment which includes motorcycles, ambulances, half-ton trucks, and larger trucks with trailers.



4. Medical officers find that war adds new meaning to the simplest military custom. Here, during formal 5 P.M. retreat ceremony, Lieut. Dave Minette salutes flag, sees in it the symbol of America's answer.



Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

• Rheumatoid arthritis has bent and twisted Harry Gradle into a rigid distortion of the Discus Thrower. The one member not yet ankylosed is Harry's heart. The ward bulletin this morning has it that he is about to be married. Craning his neck painfully upward to meet my eyes, Harry confirms the news gaily.

"She's a widow woman, Doctor. I've had my eye on her for a long time. Perhaps you can fix it so we can be married in the recreation hall? Gettin' hitched comes under the head of recreation, ain't that so?... And, say, don't worry that I'm bent like a pretzel. I've got everything figured out."

* * *

Of my neighborhood colleagues who refer patients to the hospital, not all bear in mind the possibility that their hastily penned notes may be quoted. Two unfortunate exam-

ples reached the ward today, tacked onto the admission sheets:

"Please admit bearer to your free ward. I have been treating him for two years, and he must now be hospitalized..."

"Kindly admit Mr. F. Berson to your hospital. He has been under my care for the past three weeks. A thorough examination will reveal the diagnosis..." It did, too.

* * *

That the movies, by inspiring the appropriate mood, play a vital rôle in instigating gestation, is of course nothing new. A further extension of this service was in evidence yesterday at the Riverside Theatre, when decisive encouragement from the screen resulted in the appearance of a new customer on the spot.

Mrs. Iger, three weeks past term and unresponsive to quinine, castor oil, and the need for an incom-

tax exemption, had decided to assuage her desperate impatience by witnessing a murder mystery. Midway through the opus, a membrane-rupturing scream precipitated events, and the audience was promptly augmented by one non-paying male member. The day being Saturday, young Iger missed his chance at Screeno.

* * *

At the conference on muscle disorders, the patient with myasthenia gravis sat listlessly on the platform as Dr. Vessen described the disease. The first discusser got up:

"Dr. Vessen has not touched on one interesting cause of remissions. I have seen two patients with myasthenia gravis as severe as that just presented, who became entirely well with each pregnancy."

On the platform, the drooping figure of the patient came to life. In a startling *basso profundo* he growled: "I'm game for anything, Doc. How're you gonna do it?"

* * *

In one masterly stroke, the flamboyant Dr. Graham Link resolved a dangerous annoyance, while displaying to amphitheatre spectators a boyhood skill of high degree. For a full five minutes the adventurous fly had swooped, hovered, and dived about the operating table, the while a student nurse gestured after it with a halting and ineffective flyswatter. Dr. Link straightened from his thyroidectomy, waved the nurse into outer darkness, then allowed the intruder to zoom within range. A whip-like dart of the arm, and between thumb and forefinger of the gloved hand fluttered the trapped fly.

To the applause of the audience, the doctor then executed his cap-

tive by immersion in the alcohol basin, called for a new glove, and proceeded about his business.

* * *

The massive hulk of Steve Klos, sleek with rude good health, seemed a gross incongruity among the subdued folk in the waiting room. Once in my private office, he drew his chair close to my desk and explained:

"Doctor, it ain't that anything hurts me, only I'm worried. A neighbor woman and me, we're friends, and her niece is a new doctor what just set up her office. So my friend made me go to her just to help her get started. Well, this lady doctor told me I got an awful big thorax, and I've been thinkin' about that. What's good for it?"

* * *

For five successive nights Bill Durkin's seismic snoring kept the ward in wakeful agitation. Close study had convinced Bill's neighbors that the trumpeting came only when he slept on his back. On the sixth night, therefore, the conspirators waited until Bill turned on his face, then tied his hands to the sides of the bed. The scheme worked beautifully till 3 A.M., when a wild howling brought the nurse on the run to find a contorted and half-asphyxiated Bill hanging over the bed-rail in a tangle of suspenders. Freed from his bonds, Bill was promptly accused by his neighbors of attempting suicide; and, despite valiant protestations, he was hustled away under guard to the closed ward.

He is back now, watchful and truculent. At rounds today he warned me that he'd heard some talk of a common ward utensil about to be used as a muffler, and

couldn't he be moved to a private room.

* * *

The rural custom in money-poor communities of paying for medical care with produce and personal service has finally reached our fair city. Pietro DiGioia, more widely known in subterranean circles as Brass-Knuckles Pete, stops me in the hospital corridor to say goodbye.

"Doctor," he says feelingly as we shake hands, "you done a lot for me; and I don't forget a favor. Money I can't pay now, but you're my friend. You got maybe somebody you don't like? You want me fix him up? Just say the word, anytime."

Well, let's see now...

* * *

Two-thirty A.M.

"Doctor, I'm so sorry to wake you again. The cramps are every ten minutes. What'll I do?"

"But Mrs. Wolf, I told you an hour ago to go to the hospital, and I would see you there."

"I understand that, but it's not my cramps this time. It's my husband's. He's too sick to drive, and I'm afraid to leave him here alone."

* * *

There *are* new things under the sun, and maybe this was one of them. The typewritten words on the fly-leaf of the man's chart read: "Climacteric mole." On the admission note, in the interne's athetoid writing, the diagnosis was "Mole climacteric."

Was this a new medical entity that had sneaked by me? Would it be necessary now to forego wasting nights on sleep, and read more extensively?

Nothing so serious. There was

no mole. The wording intended had been male climacteric. And there was no climacteric either. The patient's impotence was entirely psychic, and was shortly reported by him as completely cured. It had been induced by the calamitous post-nuptial discovery that the bride's financial assets were as imaginary as the lady herself was substantial.

* * *

Periodically, the sad thought is borne in upon me that there ain't no justice. Take the plaint of Peter Loughe, meteorologist extraordinary, whose unfailing predictions in the past twenty-five years have been the boast of the city's Weather Bureau.

"They're letting me out on pension, Doctor. And for what? I couldn't pass their physical because of my arthritis. Sure, my joints are bad; but they've been making my living for me. And, anyhow, they're more dependable by a long shot than that screwy barometer they've got in the office. So they keep it, and let my joints go. They'll be sorry."

* * *

On Thomas Godley's admission note "horticulture" was the occupation given. It seemed probable that his dermatitis was of occupational origin. "What exactly do you do as a horticulturist?"

"Hmph!" he snorted, "horticulturist! Why the fancy words? All there's to it is you plant the seeds and watch 'em grow up. But you gotta know how."

During visiting hours, Mrs. Godley and eight offspring of assorted age, size, and sex line up at the bread-winner's bedside. There's no question Mr. Godley knew how. And he loved his work, besides.

Report from Los Angeles

Blackouts symbolize the impending changes which total war brings to medical practice

★ The great civilian medical community of the U.S. received its baptism in total warfare last month. Pacific Coast physicians in particular felt the first shock of what promises to be a major upheaval in the normal round of life and practice.

Witnesses the case history of sprawling Los Angeles County, where strategic factories and military centers are huddled in the shadow of the battle clouds:

The pandemonium of war's first weeks was felt in varying degree by every Los Angeles doctor. Strongest reaction came from men with reserve commissions in the army or navy. Confused and uncertain about their status, they besieged officials with inquiries about the likelihood of orders to immediate duty. Some asked for assignments at once and prepared to leave home on a few hours' notice. Volunteer offers came from doctors of all ages, including veterans of the last war. Many physicians pitched in to help at recruiting offices, where the flood of applicants swamped regular examiners.

During early blackouts, physicians throughout the Los Angeles area were caught and snarled in creeping traffic. Frequently, at intersections, police stopped all cars and asked drivers to identify them-

selves. Many doctors were hours late in responding to night calls; some were unable to find patients' homes at all in the total darkness.

Local radio stations helped undo this tangle. In frequent broadcasts they pleaded with citizens to refrain from calling their doctors during a blackout except in emergencies. Announcers even asked that phone calls to physicians be made early in the day so that home visits could be scheduled for daylight hours. The police, meanwhile, instructed physicians to put medical insignia on their cars and to carry identification papers for blackout travel.

Blackout has been a nightmare for the hospitals, too. At first, they were plagued by an excess of zeal. Transoms and operating theatre windows were painted black. All skylights were blocked off. Then hospital personnel inexplicably set about turning off lights with great enthusiasm. Not only were hospitals invisible from the air but staffs couldn't see adequately inside. Superintendents of Los Angeles hospitals good-naturedly admitted that many kinks needed ironing out, particularly the ventilation problem. By month's end, the kinks were mostly gone.

The city's receiving hospital where accident cases are normally



Masked traffic signals add to hazards West Coast physicians must face during blackout calls. Some cities aid pedestrians by checkerboarding crosswalks.

handled was sorely beset when blackouts first were ordered. Cars collided. Persons tumbled down stairs. There were fights; holdups; burns from the clumsy use of can-

dles. Shortly after the lights were doused, all city ambulances would be listed "out on call." On one occasion this moved a veteran ambulance driver to observe: "It's three times as bad as New Year's Eve."

These added emergency demands have been a serious blow to Los Angeles hospitals. For months there have been complaints about staff losses to the armed forces. Now more doctors are entering military service. Eager to tighten their belts for the emergency, hospitals are hopefully experimenting with new efficiency measures.

Overnight, organized medicine assumed a vital defense role. In the first twenty-four hours after war was declared, the Los Angeles County Medical Society had established contact with each of its 2,700 members and had them standing by for immediate call. Using fifty-five trunk telephone lines, the society has now worked out a plan enabling it to order out the entire membership in twenty minutes. The society's territory is divided into sections, with a designated "contact man" for each section. In case of a severe raid requiring the services of every available doctor, the society's telephone operators immediately notify each contact man and he in turn rounds up the doctors in his district.

If, as is more likely, emergency medical service is required only in a few localities, only the contact men there are called into action. The society has also set up an emergency messenger service for use in case of failure of telephone lines.

A similar integration with military necessity has taken place in hospitals. Each of the forty-seven hospitals in the county makes de-

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tailed reports to central medical headquarters on blackout problems, on medical equipment and supplies at hand, and on space available for extra beds. It's been found that hospitals in the area can accommodate an additional 2,320 beds if the need arises.

One serious flaw in medical preparedness plans turned up during the first blackouts. Dr. George Uhl, key physician in Los Angeles' civilian defense organization, discovered there was need for a far greater decentralization of plans for mobilizing doctors and nurses at trouble spots. Defense officials have since made some headway in establishing a series of casualty stations scattered over the city's 450 square miles.

Air raid precautions in Los An-

geles are more nearly perfected than in many communities because of knowledge gained in the catastrophic earthquake of 1933. Remarks Dr. Uhl:

"The earthquake experience was very helpful. In 1933, response by doctors to radio requests for aid was so great that there were more doctors at the scene than casualties. In an air raid this would be very dangerous. The city's size is such that our major problem is the distribution of personnel.

"We can't run the risk of having some excited air raid warden phoning us for a dozen physicians when only one is needed. We can't have doctors rushing around at every report of trouble. Our plan is to have all requests for doctors clear through the county [Continued on page 105]



Los Angeles hospitals train emergency teams like this one for service during air raids.

Will Priorities End Office Building?

BY RAYMOND HOADLEY

If you expect to build a new office or home-office in 1942, you will have to show that it is essential to public health.

The Government will apply that test to all new construction the physician may wish to undertake at any time within the duration of the emergency.

The Federal war planning agencies have ordered what is, in effect, a complete cessation of all civilian building activities. Unless the doctor can get a defense priority rating on critical building materials, the outlook is dark indeed for that small private office building, office-wing addition, or new home-office.

Defense authorities have designated 278 localities as defense housing areas. Into these areas will flow most of the steel, copper, nickel, lead, zinc, and other critical materials that can be spared for building activities this year. These areas may be small villages or large cities. They are selected places where an acute housing problem for defense workers prevails.

Defense officials will aid the physician to build in these defense areas if he can fulfill certain conditions. Outside these areas, defense experts assert, there just won't be any building to speak of. In other words, the Government *may* give

the doctor a priority or preference rating on building materials in defense areas; elsewhere he must shift for himself. If the war-building experience of England is any criterion, and defense planners believe it is, critical building supplies not purchased through a priority order will be exhausted or requisitioned before Spring.

What is the doctor's status in a defense area? There are no restrictions on the cost of a new doctor's office in a defense center. It must, however, be limited to three stories and be a walk-up (all elevator structures are out). In the case of a new residence the cost of the land and building is limited to \$6,000. If the intention is to remodel or add an office wing to the home, the cost limit is \$3,000. Rehabilitation and alteration of existing dwellings which will provide additional accommodations quickly and economically will be awarded a high priority rating.

Most important of all, the physician must show to the complete satisfaction of defense priority officials that his projected building is "clearly essential for the health and safety of the civilian population." In a little village like Charlestown, Ind., where the population has increased several hundred per

cent within a year, that would not be as difficult to prove as it would be in a general defense area like Brooklyn, N.Y., where medical care and physicians' quarters are more plentiful.

If the doctor believes his project will pass the essential-to-health test he should file an application for a building priority order at the nearest Federal Housing Authority office. Application forms may be obtained from the FHA or from various local home financing institutions.

The physician-builder, furthermore, must estimate the quantities of critical materials he will require (i.e., plumbing, electrical equipment, heating units, and the like). The resident FHA architect will pass on the estimates submitted, and if he approves them FHA will forward the application to the priorities division of the Office of Production Management. The doctor will receive from OPM either a single priority order covering all his critical material needs or a rejection notice. The priority order will be granted for only such quantities as the OPM or FHA architect may permit. This restriction will lie within the limits of good practice but may not always accord with the doctor's desires.

Defense officials are careful to stress that the mere possession of a priorities order does not guarantee that the holder will receive all the materials listed. It simply grants him preference rating over the non-priority bidder. There is no assurance that necessary nails, pipe, valves, and like materials can always be obtained.

The supply of copper, for instance, is insufficient today to meet the purely war-effort demand, to

say nothing of such essential civilian needs as those of the communications and transportation systems. The use of copper in more than 100 manufactured items has been discontinued by Government order. In the case of practically all other defense metals and building plastics the situation is or soon will be comparable.

Defense officials say the doctor in a non-defense area stands little chance of getting priority aid. If such a physician feels he is entitled to special consideration, he should, of course, make a direct appeal to the OPM's nearest Priorities Field Section or to the main OPM priorities office in Washington. There he will receive a polite and sympathetic hearing, though nothing more in the very great majority of cases.

It is the firm intention of national policy-makers to keep non-defense building in status quo, as they call it. To that end they want physicians as well as all others to put off making any changes in their offices or domiciles that will require appreciable amounts of critical building materials. On the other hand, if the construction contemplated involves only cement, lumber, clay, glass, or brick, priority officials say the physician has some chance of securing these non-critical materials. But it takes more than wood and cement these days to build a home or even a two- or three-room addition to an existing structure.

Will the doctor be allowed to make repairs on his present quarters?

Here, fortunately, the answer is likely to remain in the affirmative. Repair and maintenance is considered an essential civilian need,



Materials for re-roofing and other essential building repair may be secured without priority order, defense officials say.

so the doctor will be able to secure that furnace grate or have his roof repaired without the necessity of applying for a priority order. As this article was written a directive was under preparation by defense officials whereby the supplier or hardware dealer will be able to satisfy this need without red tape. Even the elevator manufacturer, who must forego new installations, has been given a special priority status for the repair and maintenance of elevators presently in use.

May a supply company whose stocks are not exhausted be ap-

proached without restriction by prospective builder? At this writing, yes. Building suppliers may furnish any materials the customer wants even though the latter does not have a priority order. Suppliers who do this, however, are gradually selling themselves out, for they cannot replace inventories of critical materials except where these stocks are sold to holders of priority orders. Hence, the physician who locates a supply company with stocks on hand may still have his order rejected in the absence of a priority order, or ma-

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be forced to pay dearly for the privilege of buying in severe competition.

It is not unlikely, furthermore, that the Government will requisition all idle supplies for its war effort. It would be well for the doctor to make sure all his needed materials are actually at hand before starting a building operation. This would be good practice even if he has a priority order. There are many small but essential items among the critical materials, the lack of which would be a serious inconvenience.

Ever since the building industry came within the bounds of priority restrictions, architects of even the most urgently needed structures have often been asked to agree to changes in plans and specifications looking toward the least possible use of critical metals. They have been asked to dispense with bronze fittings, copper downspouts and flashings, and a variety of comparable items. In many cases it is not until this "strip tease" has been performed that the projects are granted the necessary priority ratings.

As the shortages in primary building supplies become increasingly acute, the use of substitute materials, where they are available, will play an increasingly important role. Already, lead has been used when possible instead of copper and zinc; and already the supply of lead has dropped behind the demand for it. Cast iron is being substituted for galvanized iron, silver wiring for copper wiring, wooden gutters for copper, glass and plastics for other metals. Thicker concrete is replacing reinforced concrete. Plain porcelain takes the place of chromium trim in bath-

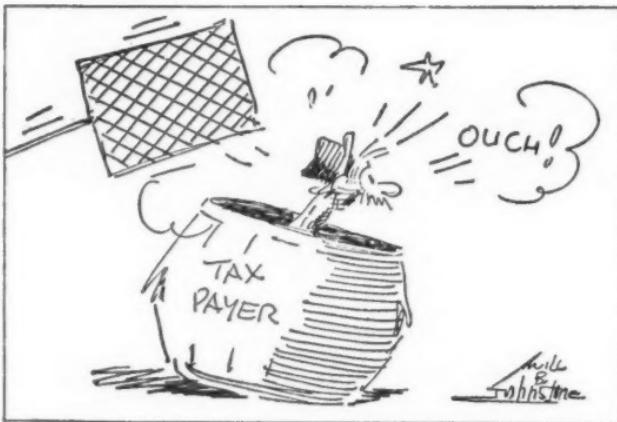
rooms, while wooden cabinets replace the steel units for kitchen installation.

Electrical outlets are limited, and first floor furnaces are strongly recommended when practical. Production of refrigerators and ranges is restricted; even the materials that henceforth will go into refuse pails are specified.

As the ersatz trend in building materials gathers momentum, it is evident that the quality of new building will not be up to former standards. Defense officials have warned, for example, that paint users must not expect an unlimited supply of the present-day paints and varnishes. The paint industry has been compelled to go back to the old formulas used years before synthetic resins revolutionized the business.

Higher costs are another bugbear for the doctor who wants to build. Material and labor costs for a standard six-room house jumped 13.2 per cent in the twelve months ended last September. Building supply costs rose 12.3 per cent; while labor bounded 15.2 per cent. Even higher construction costs are inevitable despite Federal price controls.

As the war program expands with its ferocious appetite for metals, the building situation is certain to get tighter all around. Washington authorities are virtually unanimous in the opinion that it will get *much* worse before there is any change for the better. Their reasoning is obvious: In a war emergency when industries employing thousands of men are unable to get raw materials, all building that is not essential to defense or to public health and safety should be dispensed with.



Whack! Mr. Johnstone's World Telegram comic aptly reflects the sting of new taxes.

Income-Tax Savings

BY SAMUEL HACKER, C.P.A.

Though voted during nominal peacetime, the Federal income tax law covering 1941 has a wartime ring. Designed to be a revenue-producer which will at least slow the growth of astronomical Government deficits, the new tax law has a broader scope than ever. Millions of persons who never before filed a return will this March furrow their brows at the Treasury Department's arithmetical puzzles. Specifically, a return is required from every single person earning \$750 or more in 1941, from every married person earning \$1,500 or more.

Since most physicians are familiar with the routine of filing an income tax return, this article will concern itself with the structural changes in the new tax law and with the many deductions current-

ly available to professional men.

For a graphic view of what the new tax structure will mean to physicians, consider the following table, computed for married persons without further dependents:

Net Income (after deductions)	1940 Tax	1941 Tax	Per cent Increase
\$2,500	\$11	\$90	718
\$5,000	\$110	\$375	241
\$10,000	\$528	\$1,305	147
\$25,000	\$3,843	\$6,864	78

The most important change is the revised surtax schedule. Last year surtaxes were not levied on any surtax net income of less than \$4,000. This year a graduated surtax has been applied to all surtax net incomes; rates start at 6 per cent and rise to 77 per cent.

Last year's defense levy, 10 per cent of the final tax, does not ap-

pear this year since lawmakers considered that the revision of surtaxes amounted to a defense tax. Normal tax rates have not been increased; they continue to be 4 per cent of your final net income.

EXEMPTIONS CUT

Exemptions for both married and single persons have been cut. Married persons living together are entitled to a joint exemption of \$1,500, compared with \$2,000 last year. Single persons are given an exemption of \$750—\$50 less than before. The \$400 allowance for each dependent remains the same, though with the proviso listed below.

CREDIT FOR DEPENDENTS

If you qualify for the \$1,500 head-of-a-family exemption, you cannot deduct an additional \$400 for the first such dependent who gives you that status. For example, if your family consists only of a dependent brother under 18, your exemption is \$1,500, not \$1,900. Naturally, if you are the chief support of more than one legal dependent, you may deduct \$400 for each person after the first.

NEW OPTIONAL FORM

To simplify matters for those paying their first income tax, the Treasury Department offers an "automatic" form, 1040A. Its use is optional among taxpayers whose gross income is \$3,000 or less. Others must use form 1040, familiar from past years. The simplified form will probably be useful chiefly to doctors on army or navy duty and to wives filing separate returns in order to escape the higher surtax likely with a joint return.

The automatic form contains tax tables computed on the assumption that the taxpayer's deductions

do not exceed 10 per cent of his gross income. Even if you are eligible to use this simplified form, therefore, it's also wise to calculate the final tax you would have to pay if you used form 1040. In making the decision, one point about exemptions is important. If you use form 1040A, exemptions are determined by your status on December 31, 1941; whereas on form 1040, exemptions acquired during 1941 must be allocated in accordance to the months involved.

JOINT RETURNS

Because of the sharp increase in surtaxes, if your wife has a separate income of any consequence it will probably be more economical to file separate rather than joint returns. But it is a sensible precaution to compute your tax liability both ways to determine which is the less costly.

Recent court decisions have clarified some hitherto murky aspects of joint returns. Deductions for charitable contributions may not amount to more than 15 per cent of joint net income. The earned income exemption may not exceed 10 per cent of joint net income, and in no event may it exceed \$1,400 on any return. Capital losses of one spouse may offset capital gains of the other.

If you and your wife both use form 1040 and file separate returns, you may divide the \$1,500 exemption between you in any way you wish. But if either or both file separate returns on form 1040A, you must divide the \$1,500 exemption equally.

INTEREST ON U.S. BONDS

Interest earned on Government obligations issued after March 1, 1941

[Continued on page 110]

Chief income tax deductions to which you may be entitled

Attorneys' fees and other litigation expenses in defending a suit against you in connection with your practice.

Auditing expenses—e.g., amounts paid for bookkeeping, preparation of tax returns, auditing of books generally, or to determine damages in a suit.

Automobile upkeep—full cost if automobile is used only for professional calls, or where other use is merely incidental; no part of the cost if only use is for travel between home and office; proportionate cost if a substantial part of its use is non-professional. When permitted as a deduction, automobile upkeep includes chauffeur's salary and uniform; depreciation; repairs; towing; garage rent (if you do not own the garage); gasoline; oil; insurance premiums (fire, theft, collision, and liability); plus license fees.

Bad debts arising from service performed if previously considered as income, or from loans.

Club expense and dues, if they are necessary to maintain contacts. Includes membership in service clubs, chambers of commerce, etc.

Collection expenses—costs of collecting professional accounts, including attorneys' fees.

Cost of obtaining information regarding the progress of your profession.

Credit bureau memberships.

Damages, in excess of insurance, to property as a result of theft, or casualty—e.g., fire, shipwreck, storm, hurricane, drought, collapse of building, freezing. Also, damages paid as a

result of a suit against you as a physician.

Depreciation of any professional property, including automobile, instruments, equipment, furniture and fixtures, or any other asset the life of which is definitely limited.

Entertainment costs incurred to benefit your practice. Also Christmas gifts for the same purpose.

Equipment and supplies—cost of books, furniture, and professional equipment used in your office or otherwise in your profession, the life of which is one year or less. (If life is more than one year, see "Depreciation.")

Expenses in connection with any source of income other than practice. Includes cost of maintaining real estate held for investment.

Gifts (up to 15 per cent of net income) to charitable, educational, literary, religious, scientific, and other organizations which operate in the manner prescribed by law.

Insurance premiums on policies written in connection with your profession. For example: policies covering accident, burglary, or embezzlement; public liability; fire, storm, or theft. Also indemnity bonds on employees.

Interest on indebtedness. On installments contracts, interest, to be deductible must appear as a separate item.

Licenses or similar fees incurred as a physician.

Losses, not covered by insurance, arising from damage to automobile as a result of fire, icy roads, etc.; damage

which physicians are entitled

to property; embezzlements; loans not repaid; securities, sold or exchanged; theft not covered by insurance; transactions entered into for profit even though not connected with your practice.

Maintenance cost in full on buildings or real estate used entirely as your office (proportionate cost if only part of the property is used for office and part for your home). Full maintenance cost if property is held for investment or rented to others. Includes such items as taxes on the property; commissions paid to secure the rental; maintenance expenses in connection with property, such as heating, lighting, water, and the cost of other facilities and services; repairs, painting, decorating; salaries and wages paid to janitors, elevator men, and other employees engaged in maintenance of the building; expenses in connection with dispossessing of tenants; Social Security taxes; depreciation.

Medical society dues.

Moving expenses in connection with your practice.

Office maintenance—full amount deductible if office is not part of your residence. Normal expenses include rent, decorating, painting, repairs, heating, lighting, domestics, telegraph and telephone, supplies, other facilities and services. Proportionate amount if office is combined with residence.

Periodicals or newspapers used in your practice or your waiting room.

Promotional expenses—e.g., amounts paid for contributions to business groups, publishing of research, etc.

Rent—see "Office maintenance."

Repairs to your office, including costs of decorating, painting, patching, alterations (other than permanent improvements); putting property in safe and efficient operating condition; remodeling; new surfacing; repairs to roofs; repairs necessitated by a casualty, such as explosion, fire, or hurricane (not including capital restoration).

Salaries paid to secretaries, substitutes, and other professional aides. Also the Social Security taxes (not employes' share) you pay on such salaries. If a domestic or chauffeur devotes only part of his full services to your professional establishment, deduct a proportionate part of his wage.

Stationery and supplies used in practice, including bills, cards, and envelopes; labels, letterheads, and printed forms; inks; postage; etc.

Taxes on State income, on real estate, personal property, on sales, gasoline, on admissions, luxuries, telephone calls, telegraph messages, railroad fares, safe deposit boxes, and on club dues. Not deductible are Federal income taxes; gift, estate, and legacy taxes; and Federal excise taxes which have been paid by the manufacturer or wholesaler.

Telegram and telephone expenses incurred professionally.

Traveling expenses to conventions affecting your practice, including baggage transfers, lodgings, meals, passport fees, Pullman and railroad fares, plane fares, boat fares, telegrams, telephone bills, and tips.

The Mayo Phenomenon

What made the Mayos? Time, place, and hard-headed realism were leading factors.

★ Old Dr. Mayo's boys picked up their medicine early. When they were mere lads in school, their father took them along to his gross autopsies. Will started when he was too small to see onto the table; so his father would perch him at the head of the table where he could peer fascinatedly into the abdominal cavity, steadyng himself when necessary by clutching the cadaver's hair.

Young Charlie also had an early initiation. When he was still a nipper his father used him during operations as a kind of ambulatory surgical cabinet, the boy's coat lapel serving as a pincushion for needles and sutures.

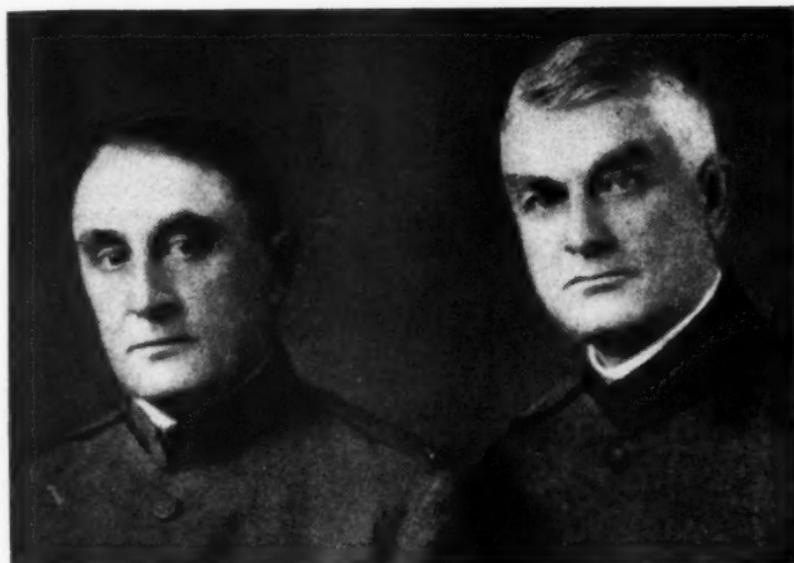
Once the "Old Doctor" was removing a large tumor from a patient, a process which produced a sucking noise "like a cow's foot in the mud." The anesthetist, a dignified local practitioner not used to major surgery, quietly fainted at the sound. Dr. Mayo kicked over a cracker box, stood Charlie on it, and told him to administer the anesthetic. The boy did well. "When she stopped wiggling Father would tell me to stop, and when she started again I would drop some more."

In this realistic apprenticeship the unprecedented phenomenon of the Mayos and their clinic had its

prologue. Not so simple to explain is how two rural practitioners contrived to build a private practice into an organization which now sees more than 100,000 patients a year, and how, in the process, they won almost unqualified scientific approval from critical colleagues.

Some measure of the factors





Promoted to generals in 1918, the Mayos continued to wear majors' uniforms "to save talk." Dr. Will (right) refused U.S. General Staff post. Facing page: the clinic today.

which guided the Mayos' destiny is to be found in a newly compiled study by H. B. Clapesattle, who has had access to the papers and records of the Mayos, their clinic, and their foundation.* Here are a few of the ingredients which, when compounded, form an historian's exposition of the Mayo phenomenon:

For one thing, the Old Doctor passed on to his sons both unusual talent and strong-mindedness. Once in later years he became irritated at all the acclaim showered on Dr. Will and Dr. Charlie. "Why don't

you congratulate me?" he snapped at a well-wisher. "I started all this."

Born in England, the elder Mayo had an extraordinary career. Besides being a doctor, he was a chemist, druggist (his shingle read: "Family Medicine Warehouse, at the Sign of the Infant Hercules"), tailor, farmer, operator of a ferry, veterinarian, census taker, draft board officer, politician, and economic reformer—often several simultaneously. He helped fight Indians and explore unmapped territory. He was dismissed from his Civil War draft position for taking bribes (the accusation seems unproved). Somehow he found time also to be mayor of Rochester and a member of the State legislature.

As a general practitioner, he combined energy and enterprise with an unusual talent for the pre-Listerian surgery of his day. He was among the first in the Northwest to perform an ovariotomy; in

*"The Doctors Mayo." By H. B. Clapesattle. University of Minnesota Press. 712 pages plus notes and index. \$3.75.

fact, he developed a State-wide reputation for this operation alone. Unlike many of his contemporaries, he wrote careful case histories, presenting them as little stories complete with dialogue between doctor and patient. Urinalysis was a standard part of his diagnostic routine at a time when most colleagues regarded it as foolishness. And with the concurrence of his wife and children, he once mortgaged his farm to buy a \$600 microscope. Mrs. Mayo herself was a frontier wife of uncommon self-reliance. Rochester long remembered the time she disrupted Sunday worship by crying "Goda'mighty, I left my bread in the oven!" and then streaking out the church door.

Always mindful of their unusual heritage, Dr. Will and Dr. Charlie

acknowledged other blessings too. In a note for his unknown biographer, Dr. Will said, "Stress the unusual opportunity that existed in the time, the place, the general set-up, not to be duplicated now."

The advent in Minnesota of antiseptics, and later asepsis, coincided closely with the beginnings of the brothers' professional careers. For the first time radical surgery became a procedure of choice rather than of last resort. The fact that surgeons could now enter the abdomen, even the chest and skull, meant that rather spectacular reputations were waiting for the two young doctors.

The Mayos' reputation was no doubt enhanced by the fact that local newsmen reported their successes at some length. Even in 1870



*"We were a green crew and we knew it."
Neither brother had interned.*

many physicians felt that reporting dramatic and newsworthy cases to the papers constituted unethical advertising; but the matter was to some degree under professional dispute. Press accounts about Mayo operations appeared until well past 1900.

As Dr. Will suggested, place was important too. The Old Doctor had built up a large practice both in Rochester and in the broad farming area surrounding it. His growing reputation for surgery brought him a large proportion of the threshing-machine accidents then so prevalent. And when, as a result of a tornado that splintered Rochester, the sisters of St. Francis built the community's first hospital, it was only natural to find the Drs. Mayo installed as an integral part of the institution.

In fact the Old Doctor and his sons soon became as closely identified with the hospital as if they owned it. One Christmas the Mayos gave the hospital an annunciator system, and Dr. Charlie, aided by an electrically minded lad, installed it himself. The mechanisms had a tendency to burst out jangling all over the building, until finally the sisters hacked at the wires with shears. Morning after morning Dr. Charlie would have to rewire the system laboriously.

Their father's distinguished local standing, his confidence in them, and the newness of a hospital to that region meant that the young surgeons were given an unprecedented latitude. In the words of Miss Clapesattle:

"Dr. Will and Dr. Charlie faced no opposition from an established order. There were no nurses to purse their lips in a prim remark that Dr. Blank had always done it

this way, no staff of elders to raise a prohibitory voice against methods in advance of theirs, and no board of well-meaning but ignorant lay trustees to forbid what they did not understand."

Circumstances could hardly have been more propitious for two young men bent on making the most of the new surgery. Both Will and Charlie set about improving themselves with realistic directness. Each devoted a month or more every year to extremely purposeful study. They concentrated on learning new procedures they could use themselves. "As a merchant goes to market to buy the kind of goods he knows he can sell to the folks at home, so they both went to learn the operations they had need of in their own practice."

The sometimes indifferent reception they received on these surgical treasure hunts annoyed the Mayos. When one of the brothers went to watch a famous surgeon, the great man often made no explanation of his procedure, and was so closely hemmed in by a bevy of assistants that it was impossible to see the operation. When, later on, an increasing number of practitioners stopped at Rochester to study Mayo methods, Will and Charlie resolved to greet them with considerate attention.

The brothers developed the custom of accompanying their operations with a running lecture on what they found, what they did, and how. Rarely at first did either make use of more than one assistant. Slanting mirrors over the operating table helped visitors observe the details. The hospital even supplied wheeled platforms surrounded with handrails, on which groups of visiting practitioners

could be rolled in to witness the operation from convenient vantage points. It wasn't long before the swelling number of visitors was such that the Surgeons Club was formed, a spontaneous organization set up to instruct and regulate the Mayos' medical onlookers.

The oddly complementary characters of Drs. Will and Charlie proved another crucial factor in their success. Will was austere, dignified, decisive; Charlie was rumply, genial, and friendly. Will usually appeared as the senior executive, but his brother was always consulted. The phrase "my brother and I" came constantly to the lips of both.

As a speaker, Will first easily excelled, but with characteristic Mayo directness Charlie set about teaching himself to address medical and public meetings. He evolved a series of signals with his wife; a handkerchief held this way meant "too loud," held that way meant "too fast," etc. Before long Dr. Charlie was a speaker of uncommon skill, with a knack for Will Rogers-like extemporizations.

Though their relations were sometimes marked by quickly-passing quarrels, the brothers were extraordinarily close to each other. They had but one pocketbook and one bank account between them. After they had married they built houses side by side, with a speaking tube between.

Since they were at first general

surgeons and since each had complete faith in the other, it was easy for them to go off, one at a time for study and medical meetings. After a while they developed some degree of surgical specialization. Dr. Will taking abdominal cases and Dr. Charlie head and neck surgery. Remarked Dr. Will: "Charlie drove me down and down until I reached the belly."

Though few major surgical innovations may be attributed the Mayos, they developed an exceptional facility in adopting and perfecting the procedures of others. For this fraternal penchant the hospital (which had to add wings and additions with monotonous regularity) proved a priceless testing ground. When at medical meetings some surgeons could present statistics on perhaps a dozen cases in which a new procedure had been attempted, the Mayos offered figures on hundreds and later thousands of cases, the data carefully arranged to show the differential results of slight variations in procedure. In fact, more than once the staggering number of cases they reported elicited incredulity and suspicion from Eastern surgeons.

Their first successes brought the Mayos problems which in one form or another were to remain with them the rest of their lives. One was the slightly embarrassing amount of money they were making. To reduce fees was no solution; it might endanger their relationship with

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pile proof upon proof of the efficacy of those products.

Competent investigators, working independently at leading hospitals and clinics and publishing their findings in the recognized professional journals, assiduously avoid any assumption and cleave closely to the demand for proof. These workers give added force to the meaning of the Foundation's Seal.

In every way known to the profession, the Wisconsin Alumni Research Foundation scientifically proves its steps, in order that you may accept, with complete confidence, the value of its licensee's products.

ABOUT THE FOUNDATION—The Wisconsin Alumni Research Foundation is an organization not for private profit, formed to receive and administer patentable discoveries voluntarily assigned. Its trustees are alumni who give their services to the Foundation without compensation. All net avails are devoted to further research. At present, some 130 projects are under way, being supported by funds supplied by the Foundation. A comprehensive outline of the history and activities of the Foundation is given in the booklet, "Scholars from Dollars," a copy of which will be sent to you upon request.



WISCONSIN ALUMNI RESEARCH FOUNDATION, MADISON, WISCONSIN

other physicians. (Relations with Minnesota physicians were sometimes none too cordial anyway.)

So Drs. Will and Charlie worked out a policy which included (1) no charges to doctors, nurses, ministers, educators, and low-salaried Government employes; (2) prevailing fees from those who could afford them; and (3), "adjusted" rates for those unable to pay customary fees. They determined never to sue to collect and never to accept money raised by a mortgage. One by-product of these decisions, apparently quite unforeseen, was an increase rather than a decrease of income, for news of such policies traveled fast and far.

Another problem brought by their first successes was the preponderance of surgery in their practice. The Mayos found themselves specializing wholly in surgery and in the differential diagnosis that preceded it. The purely medical side of their practice was declining fast. Dr. Will later epitomized the profession's enthusiasm for the new surgery with this remark: "It would seem to me that the genital organs of woman had suffered from an excess of operative zeal, to her detriment and our discredit."

Their answer to this problem was perhaps the most significant single factor explaining the Mayo phenomenon. It was group practice. But the development of this revolutionary pattern came informally almost accidentally. It seems to have been less a part of a conscious plan than a series of day-to-day expedients. For example:

The brothers found they were too young-looking to win the confidence of occasional skeptical farmers. So they took into partnership a physician of eminently mature appearance. As time passed, other realistic additions became necessary: a physician to aid in pre-surgical diagnosis, an ophthalmologist to take over the chore of refractions, a laboratory man to count gallstones and handle minor pathology routines.

Thus the full circle turned: Circumstance and choice caused the Mayos to leave general practice for surgery, but by imperceptible degrees their practice later swung from surgical specialism to that of a group offering full medical service.

In any analysis of the practice-pattern which the Mayos pioneered, one characteristic stands out. It was



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an uncommon knack for picking the right colleagues and administrators. Neither Will nor Charlie seems to have had notable organizing ability, but the two were keen judges of other men who excelled. Thus their business manager proved to have a sure hand with investments. Thus their lawyer showed a talent at foreseeing and forestalling legal pitfalls which might have hurt the clinic. Thus many of the colleagues they added to their partnership turned out later to be among the country's foremost men in their specialties.

A typical example of the Mayo discernment was Henry Plummer. In 1901 Dr. Will first met Plummer, then just out of medical school and "a gangling boy, dreamy appearing." But the brothers sensed that he had unusual talents and immediately offered him a place on their staff.

Dr. Will once remarked that hiring Henry Plummer was the best day's work he ever did for the clinic. Plummer of course proved to be a superb clinician, an excellent organizer, discoverer of the use of iodine in certain thyroid diseases, and perhaps the world's foremost authority on the thyroid gland. He devised much of the complex but smooth-running machinery by which the clinic now handles its torrential stream of patients.

He also helped steer the Mayos away from their preoccupation with surgery, believing as he did that

surgeons were little more than "high-class technicians skilled in only one branch of the healing art." The brothers sometimes underestimated the value of laboratory medicine; in fact, Plummer once told Dr. Will: "You still think laboratory men are just a lot of pee-boilers!"

Professional relations offered a problem which dogged the Mayos throughout their lives. Beginning after the turn of the century, an increasing number of magazine and newspaper reporters found that the brothers made good copy, and it wasn't long before many physicians believed that the Mayos were self-advertisers. The clinic was charged with commercializing medicine. Fitting patients' fees to their incomes became "price-cutting." Large statistics in medical papers were "achieved by padding." Mirrors over operating tables became "cheap showmanship."

Miss Clapesattle's evidence indicates that this criticism (sporadic as long as the brothers lived) was based on little more than an ineptitude at dealing with the press. While the tremendous publicity won countless patients for the Mayo Clinic, Miss Clapesattle finds no grounds for belief that Will and Charlie sought this attention.

The fact was that the Mayos got tremendous publicity whether they wanted it or not; the difficulty, never wholly solved, was to convince part of the profession that they didn't want it. Avoiding pub-

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licity wasn't easy. Mrs. Charlie once described how during a celebrated case she and Dr. Charlie barricaded themselves in their house but "newspapermen would climb trees to look in the windows... It was terrible."

Judged as a biography, Miss Clapesattle's "The Doctors Mayo" leaves something to be desired. Her approach is frequently uncritical and occasionally almost idolatrous. Physician-readers will perhaps view the result as what might have been achieved by an able librarian who amassed all available material with loving reverence and let inclusion take preference over organization.

But whatever its literary defects, the book is monumentally comprehensive and should appeal to readers interested in minute documentation of the Mayo saga. It is notable, too, for the wealth of anecdote which vividly characterizes each brother. For example, there is the story of how, in his later years, Dr. Will took to reading detective and adventure stories. But his methodical, rather frigid nature would not down; he graded each story with care, giving away the ones marked C and D, while saving the A's and B's for rereading.

Dr. Charlie's irrepressible character is also neatly portrayed. Once during hospital rounds he stopped at the bedside of a portly and troublesome dowager. Carcinoma had necessitated the amputation of one breast, and she was indignant. What, she angrily wanted to know, could be done to re-establish her prized figure? Dr. Charlie listened to her quietly, then said, "Well, you might stuff in a little hay."

—F. H. ROWSOME, JR.

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*Hermane, O. W., and Bacon, H. E. Pruritus Ani, in Piersol, G. M.: *Cyclopedia of Medicine*, Philadelphia, F. A. Davis Company, 1934, vol. 10, p. 1135.

Investment Forecast: 1942

Some aspects of the war effort's future influence on the stock markets

• "Profitless prosperity" aptly characterizes the result of stock market transactions in 1941. This result, however, casts small light on what may be expected in the new year. The investing physician is left to puzzle over how the current struggle for supremacy between inflation and deflation will resolve itself, and to what extent war will influence the market.

Stock prices declined during the greater part of 1941, eventually touching the lowest levels since 1938. Increased corporate earnings and higher dividend returns did not remove the widespread pessimism over American equities. At the same time, London stock prices climbed steadily, despite lower corporate earnings and diminishing dividend returns.

How to explain this paradox?

For one thing, tax laws in England are more favorable to the investor than they are here. The Britisher has no capital gains tax to contend with. Excess profits taxes are on a fairer basis. There is a marked absence of hostility to private enterprise on the part of the government. Social reform is pretty much a dead letter. And inflation is further advanced than it is in America.

But greater than any of these considerations, there has been more

economic and financial uncertainty in the United States regarding the near future than has lately been the case in Great Britain. The British have about reached the peak of their wartime productive capacity. Only the meager industrial gains that can be achieved by drafting women remain. Further vastly increased capacity to produce the war materials needed to defeat the Axis must come largely from America. The Englishman now is taxed about as heavily as he will be; his war costs are relatively fixed from here on; and he knows perfectly well that he will never be called upon to pay the lease-lend bill.

The American investor, on the other hand, is still pitching about in a sea of uncertainty. An armament program that was to cost 40 billion dollars, all told, has jumped to more than 50 billion dollars annually; and the end is not in sight. Instead of superimposing defense on normal business, Government officials now estimate that the defense effort will be absorbing more than 65 per cent of the Nation's industrial capacity by 1943.

Thus the Government seems headed toward annual expenditures (for all purposes) of well over 60 billion dollars—twice the outlay of a year ago and more than our entire national income in either 1932 or

1933. The cost is four times as much as in the World War.

The Treasury Department has stated repeatedly that it hopes to finance two-thirds of proposed Government expenditures out of taxes. Covering two-thirds of the Federal expenses now in sight would call for tax payments at the rate of 40 billions or more annually by 1943. This would seem to be an almost impossible levy even though the national income soon is expected to be over 100 billion dollars, as compared with 70 billion dollars in 1939.

It is no wonder then that the average investor and Wall Street itself are bewildered not only about financing the armament program but also by the widening ramifications of the total war effort. In the first World War the American army used, for the most part, French guns and British aircraft. Now this country is engaged in equipping not only its own forces but also those of Britain, Russia, China, the Dutch East Indies, and South America.

There is much support for the prediction that an army of 15,000,000 men will be required to win the war. The British Empire, it is estimated, can supply not more

than 7,000,000. Where but from the United States can the rest be secured? Defense officials have candidly told American business men they are facing "the most critical period since Valley Forge." All of which lends credence to the words of those Government officials who estimate that America's war bill may reach 300 billion dollars before we're through fighting.

Can the war budget be financed without inflation? Can it be financed without resort to the totalitarian methods used in Germany? These questions are at the root of the American investor's hesitancy. He is waiting, evidently, to gain some concrete idea of what the ultimate scope of America's war effort will be. As soon as he does so, inflation may well become an active stock market force.

During the 1930's the cry of inflation was raised so often that inflationary psychology has been slow in taking hold, even in the face of huge defense budgets. But every major war since the time of Napoleon has been accompanied by varying degrees of inflation and there appears no reason to believe that this conflict, with its staggering costs, will prove the exception.

Economic experts agree that in-

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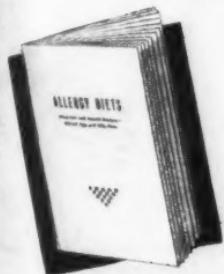
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flation is inevitable; their opinions vary only with regard to how soon and how severely it will strike. Government officials, including the President, admit the realness of the inflation threat and have taken moderate measures to forestall its more violent forms. But inflation is the line of least resistance politically, as Dr. Edward Kemmerer of Princeton University has pointed out.

How far the Government can and will go in curbing rising prices, wages, and rents is therefore a moot question.

Meanwhile, inflationary signs abound: Purchasing power is expanding. The supply of goods and services is contracting. The housewife pays higher prices for foods. The physician pays more for his equipment and supplies.

When the investor becomes convinced that serious inflation is really around the corner, he is likely to put to work the vast amount of money now lying idle in banks and other depositories. That will naturally cause a more active and rising stock market.

Witness how prices of scarce commodities rose in 1916, while stocks, bonds, and real estate were falling. It was not until the uncertainty was removed and the United States got into the war that the stock price trend was gradually reversed. Such a situation may develop in 1942 as inflationary forces gather momentum.

The French and Germans who put their money into integrated mining and chemical stocks during the 1920's made out better than others. Even so, they were unable to offset entirely the drastic inflation that raged in those countries. While we are not likely to endure an inflation of such runaway proportions, we must face the fact that against severe inflation there is no perfect hedge.

The value of common stocks in combating inflation is likely to be impaired by heavy taxation. Nevertheless, stocks backed by natural resources like petroleum and metals, and strong corporate issues are better protection than nothing. Other means of protection in other wars have been city real estate and homes, farm lands for individuals who have the "know how" to manage them, precious metals, jewelry, and commodities.

It may still be possible to hold the present inflationary movement within narrower bounds than during the last war. But there is less confidence in the dollar today than there was then, because of the unorthodox way Government finances have been conducted during recent years.

New efforts will be made by the Government to control inflationary factors in the present emergency. But the investor has no assurance that these efforts will go far enough or that they will be successful.

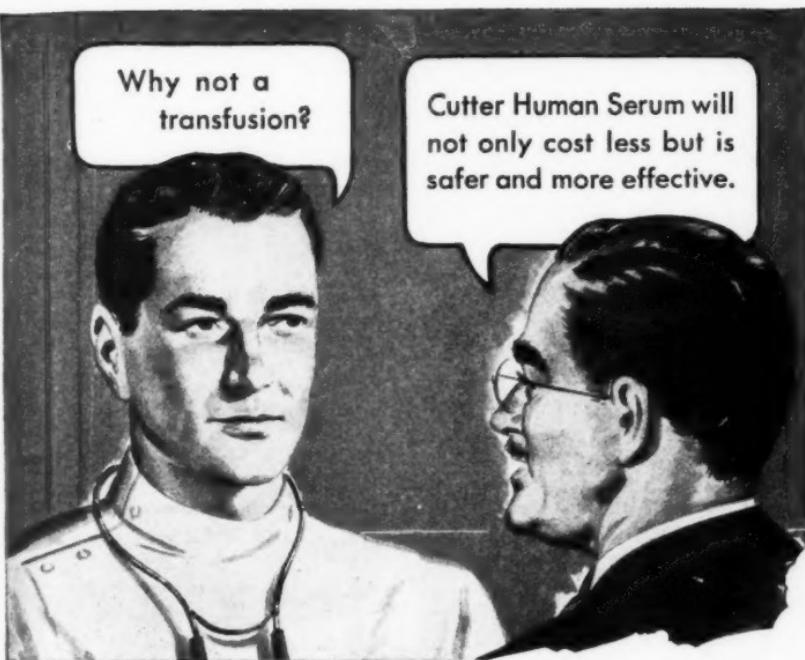
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Timing medical bills

BY GEORGE CUNNINGHAM, M.D.

• If you happen to be holding a hand grenade with the pin extracted, the value of precise timing needs no emphasis. And while the parallel is scarcely opportune, I've often felt that an equally nice sense of timing is essential to the physician who wishes to build up a good collection percentage.

For one thing, there are obvious times when bills *shouldn't* be sent. One such time is three or four days after the first of the month. If a medical bill meanders in after the patient has already paid the bulk of his monthly obligations, he's likely to hold it over, feeling he has done enough to clear his conscience for one month.

Conversely, sending out statements a few at a time throughout the month does not always work well either. You may reduce your secretary's end-of-the-month burden, but the chances are that you'll discourage an even flow of checks. Perhaps it's because people have become too firmly grooved in the habit of paying all bills on the first.

I've noticed, however, that collection letters, as opposed to statements, seem to bring better results when they are mailed at some other period during the month. Apparently they stand a better chance alone than when mixed in with the flood of regular bills.

To avoid any month's-end traf-

fic jam, several of my fellow practitioners regularly send their bills on the 15th. The idea is perhaps worth experimenting with, although I doubt if it has any special efficacy. My colleagues report that most checks still arrive after the first of the following month.

All in all, I prefer the standard procedure of timing statements to arrive close to the first. If they come a day or two early and thereby win a good priority in the sheaf of bills, so much to the good; but *too much* promptitude can, of course, convey an impression of being mercenary.

This procedure means following the commercial practice of closing books around the 25th. It may save misunderstanding as to what services the bill covers if you include a notation of that closing date on the billhead. This notation also helps answer the question of when to bill for services rendered just before statements are made out. To hold the bill for a month may mean the patient's sense of gratitude will cool; to bill on the heels of a visit may seem over-eager. My own belief is that it's probably wiser to bill immediately. For if a notation of the interval covered appears on the billhead, the risk of seeming hurried is less than the risk of a fading sense of obligation.

Frequent billing, say twice a month or even every week, appears

to be useful only in special circumstances. It may be indicated with a patient who requires weekly treatment and whose credit seems none too sound. But the device has disadvantages, of which the extra secretarial time required is perhaps the most important.

Bill timing can be adapted to more than the calendar. For example, if a fair segment of a man's practice comes from one or two occupational groups, it's useful to know when each group gets paid in order to synchronize statements with pay days.

Another kind of adaptation is according to specialty. In order to present a bill when the sense of obligation is strongest, more than one obstetrician presents a husband with a statement on the day his wife and child return from the hos-

pital. Anesthetists, handicapped by the fact that in patient's eyes they may play an unobtrusive part in surgery, often make a point of presenting a bill within several days of the operation.

In fact, with most any practice or patient there seems to be one best time to send the bill. Even in accident cases this timing is important. In these cases statements should be rendered as soon as possible because medical expenses are usually taken into consideration in making insurance adjustments. Often when the case is covered by personal liability insurance, payments are made within two or three days.

To paraphrase the poet: There is a tide in the affairs of the patient which, taken at the flood, leads to prompt and sure collection.

Winter weather brings with it another period of throat affections. Many physicians have found Thantis Lozenges, H. W. & D., to be effective in relieving throat soreness and irritation. They are antiseptic and anesthetic for the mucous membranes of the throat and mouth. Thantis Lozenges contain two active ingredients—Merodicein, H. W. & D., 1/8 grain, and Saligenin, H. W. & D., 1 grain. They dissolve slowly, permitting prolonged medication; they are convenient and economical. Thantis Lozenges, H.W. & D., are supplied in vials of twelve lozenges each.



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*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66

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BY LEO BIGELMAN, M.D.

Have you ever tried to see yourself as patients see you? Have you a really adequate idea of how patients react to the everyday diplomacy which you employ in your practice? Suppose you could change places a minute. Would you want to be your own patient?

Let's say that I have just finished telling Mr. Grant what—in vague terms—is wrong with him, and how I propose to be of help. Mr. Grant now inquires:

"How much will it cost me, Doctor?"

Right here I begin to hem and haw. "Well, it's hard to say. You may need quite a number of treatments. Not all people respond to them in the same way. Yes, it's very hard to say."

"But," Mr. Grant insists, "how much will it be per treatment, and how many do you think I'll need?"

There's no escape. I have to commit myself. "We'll make it three dollars a treatment"—here I begin to hedge again—"but it is very difficult to say how many you'll require. We will have to try it and see."

At this point Mr. Grant may wonder if I know what I'm talking about, and whether or not he has made a mistake in coming to me. Remember, he doesn't know that I am trying to be honest, ethical,

and cautious. All he knows is that he wants to get well, and that before he undertakes any treatments he feels entitled to a pretty fair idea of what he's getting into. Money probably comes as hard to Mr. Grant as to most of us.

Quite possibly he may suspect that I am not sure of my diagnosis or treatment. He may think that I merely want him to come around an indefinite number of times at so much a crack. Mr. Grant's conception of medical ethics may take a nose dive.

But is it possible to give a patient a scientifically honest diagnosis, prognosis, and estimate of the total cost to him? I think it is. Certainly this procedure would raise the profession in the estimation of the Mr. Grants and perhaps save many of them from falling into the hands of quacks.

A surgeon charges a fixed fee for his services. This fee does not imply a guarantee of regained health, nor does it insure against the risks of surgery. It is a fee for services which the surgeon is qualified to render, services which give the patient a reasonable hope of recovery. Most patients respect this tacit understanding, feeling that something definite will be done for them. They pay for surgery on that basis.

[Turn the page]

A physician can in most instances estimate the probable frequency and duration of a treatment. He can state, for example, that Mr. Grant will require ten liver-extract injections to raise his blood count to approximately 4,000,000, or about eighteen injections to raise it to normal. After that, Mr. Grant may require one or two injections a month to maintain a normal level.

Let's say the fee will be \$25 for each ten injections.

"What do you figure the whole thing will cost me?" asks Mr. Grant, pleased by this explicitness.

The ranges of probability are explained to him. The treatment program means a minimum expenditure of \$25, and a maximum of about \$75 if the response to the treatment is slower than average. To Mr. Grant this is a fairly precise statement—certainly better than a vague "not all people respond in the same way . . ." His doctor apparently knows what he is talking about, and is considering possible eventualities. Mr. Grant can adjust his budget for a more or less definite expense. He is free from worry about how big his bill will be. Best of all, once the treatment has begun he will be more likely to stick to it, thus giving his physician a better than even chance for a successful result.

Furthermore, a reasonable explicitness can save trouble later on. Some patients always find in their

doctor's vagueness an opportunity to bargain and haggle over the fee. If a physician appears to set his fees by caprice, the chances of payment by caprice inevitably increase. This principle also holds true in diagnosis. The average patient prefers a specific definition of his ailment, together with an account of the cause and treatment. Any equivocal answer, even though based on professional caution, can plant seeds of doubt which may bear bitter fruit half way through the treatment.

Naturally I am not recommending cocksure diagnosis and slapdash fee-setting, just to make patients contented. In many cases nothing is certain and possible variants are endless. But if doctors can overcome the habit of hedging on every statement their patients will respect them the more.

This procedure is ethical in the fullest sense of the word. There is after all a business side to our relations with patients. Rent and personnel must be paid; equipment and drugs must be purchased. If our business arrangements can be designed to help the patient's recovery, and keep him away from quacks, then we have indeed served him well.

Mr. Grant expects a reasonable scientific precision from us in everything we do, and we please and often aid him when we live up to that expectation.—LEO BIGELMAN, M.D.



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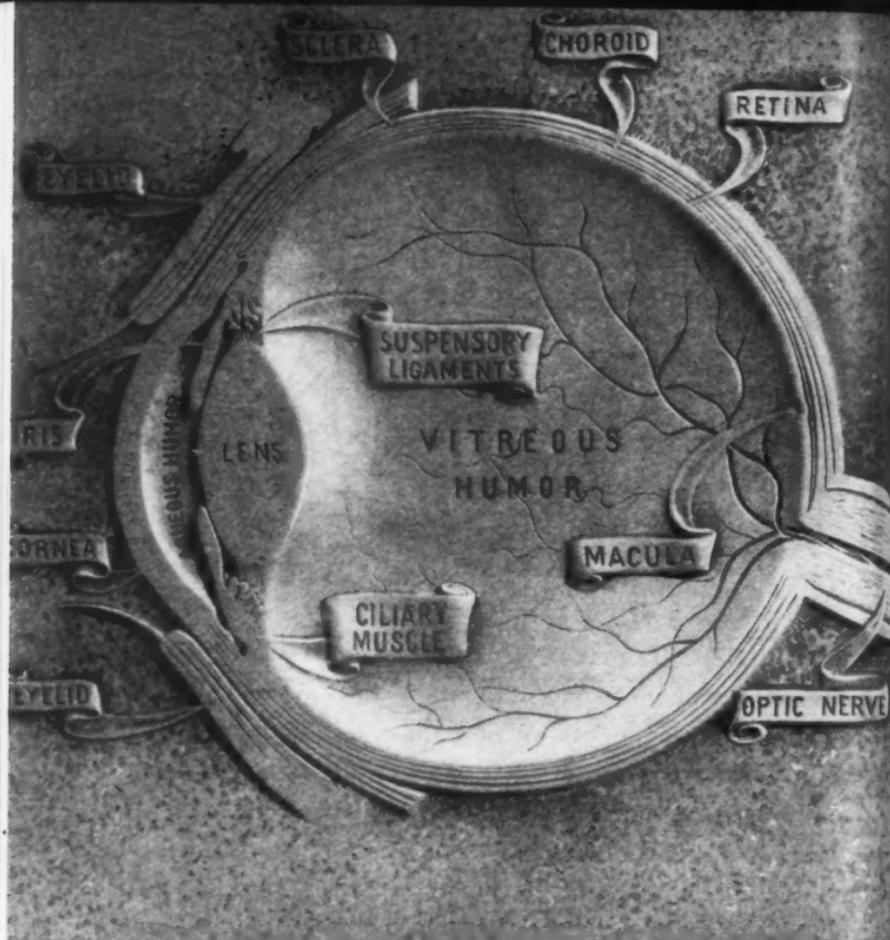
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Public Speaking for Physicians

10. MAKING YOURSELF CLEAR

“Clear as mud” is an appellation sometimes earned even by medical speakers who prepare their talks carefully and deliver them impeccably. It indicates a failure to appreciate how greatly lay audiences need to be *coaxed* into following a medical line of reasoning. Ideally, the physician ought always to read a proposed speech to a junior high school student, correcting it whenever he gets a signal indicating lack of clarity, until the wording can be followed with ease.

Using non-technical charts or models is another way to insure audience understanding of a difficult point. How to employ them to best advantage will be discussed in a subsequent article.

A third avenue to clarity is through making comparisons with something the lay audience is sure to comprehend. Comparing the heart with a pump, the eye with a camera, the lungs with bellows—these are a few examples. The cerebrum is much better understood when the central nervous system is described as a telephone switchboard.

A first-rate illustration of this technique is furnished in the case of the layman who asked why it was wrong to administer an antipyretic to reduce fever and why lowered temperature was no index

to recovery. Had the speaker answered in terms of immunology or blood chemistry, he would have muddled the questioner. Instead he replied:

“Fever is an index of the disease. Reducing the fever by pills is like trying to bring an elevator down to the ground floor by mounting a chair and turning the floor-indicator back to ‘1.’ You don’t succeed in budging the elevator. In fact, you’re worse off than before, because now you’ve lost track of where the elevator really is.”

Picturesque phrasing is another valuable aid to clarity. “The flies in that kitchen,” said a speaker on public health, “studded the table like raisins on a raisin cake.” This was clearly more vivid than saying that “flies were all over the kitchen.”

“The youngster,” explained a speaker on child guidance, “is as impressionable as a sheet of carbon paper.” This idea, likewise, was transmitted more effectively than it would have been by a statement that “young people are impressionable.”

It goes without saying (I hope) that you avoid technical phrases and say “hardening of the arteries” rather than “arteriosclerosis,” “high blood pressure” rather than “hypertension.” And that instead of referring to “a low-meat diet” you

actually *describe* a sample low-meat menu.

A good rule is never to make a general expository statement without adding a concrete example to illustrate. Thus, the speaker on child guidance might say: "To banish unreasonable fears in a child, familiarize him with the objects which frighten him." This is sound advice, but it is far more instructive when followed by: "This child was afraid of fire engines. So his mother took him to the fire station in the neighborhood. He approached cautiously; was hesitant about greeting the fireman sitting outside the station. But the second day he had a long talk with the fireman and later was allowed to go around the firehouse touching the apparatus until he became so familiar with it that it had no more power to frighten him."

Examples drawn from history or from public affairs may be used with equal effectiveness. Thus one

medical speaker said: "Beethoven was deaf, yet he wrote the world's greatest music; Robert Louis Stevenson was tormented by tuberculosis, yet he gave pleasure to millions of readers; Franklin D. Roosevelt cannot take two steps without braces, yet he became President of the United States; Demosthenes stuttered, yet he became a great orator. Beethoven did it, Stevenson did it, Roosevelt did it, Demosthenes did it—it has been done, ladies and gentlemen, and it can be done." Note how this heaping up of examples fortifies the speaker's argument.

When addressing children, the physician is doubly careful to talk about people and things rather than to preach good health in the abstract. For example, he may select a well known football star, actress, or other public hero whose success was possible only through good health. This approach is often a good opening for the talk.

Stating a definite authority greatly helps to drive home an important point. For example, you might say either that

(a) "Children with diseased tonsils are more likely to get heart disease than children whose tonsils have been removed," or

(b) "Authorities tell us that children with bad tonsils are especially prone to heart disease," or

(c) "Recent research at Johns Hopkins Hospital in Baltimore has

READING CONVENIENCE:

I think there's a good argument against placing magazines and books on a single table in a reception room.

An air of restlessness, often present in a waiting room anyhow, is accentuated when patients must converge on one stack of reading matter. The alternative of distributing several smaller piles of magazines around the room is much to be preferred, in my opinion.—S. G. SLO-BODKIN, M.D., Brooklyn, N.Y.

* WRITE FOR SAMPLE AND FORMULA

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Authoritative analyses and assays accepted by the Council on Foods and Nutrition of the American Medical Association show that a 6-oz. serving of Dole Pineapple Juice (approximately 100 calories) contains 240 I. U. of Vitamin C (Ascorbic Acid) and 100 I. U. of Vitamin B₁ (Thiamin).

Notice the chart below. It indicates what Dole Pineapple Juice contributes to the daily allowances for specific nutrients recommended by the Committee on Food and Nutrition of the Na-

tional Research Council. The left-hand column gives recommended amounts. The right-hand column represents the percentage of the recommendations found in a 6-oz. serving of Dole Pineapple Juice.

Dole Pineapple Juice is also a good source of Vitamins B₁ and C for men and women. It is tempting to healthy appetites and easily assimilated. It is the true, undiluted juice of sun-ripened pineapples and a satisfactory addition to the fruit juice diet.



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 1-3 Years	.6	50%	35.	34%
 4-6 Years	.8	38%	50.	24%
 7-9 Years	1.0	33%	60.	20%
 10-12 Years	1.2	25%	75.	16%

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• Armour Vitamin B₁ Tablets are therapeutically potent, accurately standardized. They are available in three strengths—1000, 300 and 50 International Units (the latter for children).

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shown that etc., etc."

Form (b) is better than form (a), but form (c) is better than either of the first two because the authoritative statement is attributed to a definite source.

A good way of assuring clarity is to restate important points in different words. Witness these remarks of a speaker anxious to stress the danger of a laxative in appendicitis:

"Give a laxative to a person with acute appendicitis and you cause the inflamed tissue to churn up and down, perhaps rupturing the organ. You pound away at an already irritated organ. You squeeze an inflamed tissue until it reaches the bursting point. A laxative may be deadly poison to a man with a stomachache." In such a description, repetitions are effectively screened by paraphrasing.

The interests of clarity are served also by vivid or homely adjectives and verbs. The lay listener will more readily appreciate the significance of a death rate that "skyrocketed" from 16 to 30 than of one that merely "rose" that much. To refer to a new procedure as "streamlined" will get more attention than to say it is "modern."

—J. W. HENDERSON, M.D.



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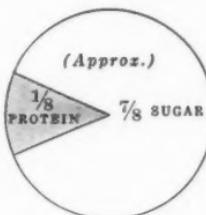
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In three short years of medical experience, Foille has attained a ranking position in burn therapy because of its apparent ability to:

- dramatically control pain
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- shorten convalescent period
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*Modern Burn Treatment: Hamilton, J. E., Indus. Med., 10:427-432 (Oct.) 1941



Patient 89 days later, shortly before final healing.

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What they're reading

PLAIN WORDS ABOUT VENEREAL DISEASE

By Drs. Thomas Parran and R. A. Vonderlehr. Reynal & Hitchcock. 226 pages. \$2.

Scandalous neglect of the health of selectees and a resultant upswing in the incidence of syphilis and gonorrhea is the charge leveled at commanding officers of the U.S. Army by Drs. Parran and Vonderlehr. Press reports immediately following publication of the book quoted critics as having pooh-poohed the Parran-Vonderlehr charge, intimating that the real objective of the Surgeon General and his aide was to encourage the appropriation of funds to extend the work of the U.S. Public Health Service. You pays your money and you takes your choice.

MEDICAL SERVICE PLANS HANDBOOK

Committee on Medical Service Plans, Ohio State Medical Association. 1941.

This booklet is designed to assist county societies in establishing medical service plans. Compiled by the Ohio State Medical Association for the benefit of its component bodies, the handbook remarks:

"The present-day [improved economic] situation has not produced a permanent solution to the underlying problem of making medical care more easily available. The apparent lull in organized movements to bring about a program of government-controlled medical care . . . should not be interpreted to mean that this is a dead issue."

"The medical profession should not be tricked into taking a do-nothing attitude. The old saw about the folly of the man who neglected in fair weather to fix his leaky roof is applicable to current conditions. . . It is more important now than ever before for the medical profession to take the initiative in efforts to bring about improvement in the distribution of medical care."

The handbook includes a bibliography of sources for detailed information about medical service plans plus suggested procedures for putting a plan into operation.

WHAT MUST WE DO TO IMPROVE THE HEALTH AND WELL-BEING OF THE AMERICAN PEOPLE?

A discussion by Mrs. Franklin D. Roosevelt, Dr. S. S. Goldwater, Miss Margaret Bourke-White, and Mr. Howard Coonley. Town meeting bulletin. December 8, 1941. Columbia University Press. 10 cents.

This reprint of a Town Meeting of the Air broadcast on December 4, 1941 follows the familiar, to-be-expected pattern. But for anyone anxious to keep up with the contemporary viewpoint on socialized medicine it makes moderately good reading. Dr. Goldwater's observations are the most valuable; Miss Bourke-White's, the most vivid.

THE GREAT AMERICAN STOMACH

Fortune. December 1941.

As a magazine for tycoons, Fortune

Vapo-Cresolene

INHALED
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DIRECT METHOD
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COLDS, BRONCHITIS,
WHOOPING COUGH

Direct, repetitive action! Therein lies Vapo-Cresolene's notable efficacy. With the Vapo-Cresolene lamp in operation, the patient's breathing draws the decongestive, mildly antiseptic, sedative vapors into repeated contact with the inflamed respiratory mucosa.

The natural result is the quick subduing of cough, clearing of the breathing passages, relief of irritability and established respiratory calm.

As Vapo-Cresolene avoids the alimentary tract, there is no appetite depression. Hence, it is especially adaptable for use with any nutritive regimen. Prescribed also for symptomatic relief of Spasmodic Croup and Bronchial Asthma. Write for physician's literature, Dept. 6.



appropriately devotes an article to explaining in lay terms some basic facts about peptic ulcer. The article, dressed up with colored schematic drawings, is an excellent example of artful popularizing, its statistics well coated with witticism.

The physician-reader should find much entertainment in this appraisal of the stomach's social significance. Conclude Fortune's editors: "The malfunctioning of this prosaic organ [the stomach], along with its supporting apparatus, probably contributes more to the income of the U.S. medical profession than any other single part of the body."

BRIGHT SCALPEL

By Elizabeth Seifert. Dodd, Mead
352 pages. \$2.50.

Lending library stuff by a woman who specializes in novels with a medical setting. This one is about a young M.D.'s troubles in a complacent small town.

THE ADVANCING FRONT OF MEDICINE

By George W. Gray. Whittlesey House. 397 pages, plus notes and index. \$3.

Conceded to be among the ablest popularizers of scientific subjects, Mr. Gray has here collected ten of his magazine articles about recent medical advances, and added seven supplementary chapters. Doctors looking for a book on new medical techniques to recommend to laymen will find Mr. Gray's facts accurate, his presentation graphic.

INTELLIGENCE, POWER AND PERSONALITY

By George Crile, M.D. Whittlesey House. 280 pages, plus appendices and index. \$3.

Dr. Crile presents the record and results of his research on the energy-controlling mechanisms in animals and man. In part a careful scientific

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presenting, in part an account of the tropical and polar expeditions which gathered material for these studies, the book makes excellent reading, even to those not in full agreement with the conclusions. One of the "ten biological principles" found:

"Intelligence, power, and personality are dependent on the absolute and relative size of the brain, the thyroid gland, the heart and blood volume, the celiac ganglia and plexuses, and the adrenal-sympathetic system."

HOSPITAL BALLADS

By Frederick E. Keller, M.D. Dor-
rane. 43 pages. \$1.

Forty-one short poems on medical topics, written by a surgeon. Dr. Keller's verse is scarcely deathless, but some of the lighter pieces are entertaining.

Report from Los Angeles

(Continued from page 61)

medical society. The number of physicians dispatched to any scene depends upon word received from the police and fire departments after they have verified the trouble and reported on the medical needs involved."

Every physician in the community, down to the newest interne, has been assigned an emergency responsibility. Hospitals have admittance teams to receive and route all incoming cases; while evacuation teams are ready to clear hospitals of all cases not urgently requiring hospitalization. Other teams have been assigned duties at nursing homes and sanitaria which are scheduled to handle the overflow from regular hospitals.

—JOHN D. WEAVER



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Is there a more gratifying accomplishment for the physician than relieving a suffering arthritic?

The therapeutic value of Ertron in the treatment of chronic arthritis has been demonstrated repeatedly. The literature attests to successful results in carefully controlled clinical investigations, in large accredited hospitals, university clinics and in private practice.

DREYER, I., and REED, C. I.: Treatment of Arthritis with Massive Doses of Vitamin D, *Arch. Phys. Ther.*, 16:537 (1935)

STECK, I. E.: Clinical Experience in the Treatment of Arthritis with Massive Doses of Vitamin D, *Ill. Med. Jl.*, 71:243-248 (1937)

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SNYDER, R. G., and SQUIRES, W. H.: A Preliminary Report on Activated Ergosterol, N. Y. State Jl. of Med., 40:9, 708-719, May 1 (1940)

FARLEY, ROGER T.: The Treatment of Arthritis with Massive Dosage Vitamin

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FARLEY, ROGER T.: The Influence of Prolonged Administration of High Doses of Vitamin D Upon the Serum Calcium of Adults, *Journal-Lancer*, l ix 401-404, September (1939)

FARLEY, ROGER T., SPIERLING, HERBERT F., KRAINER, S. H.: A Five-Year Study of Arthritic Patients Treated with Ertron, *Indus. Medicine*, Vol. 10, 341-352, August (1941)

SNYDER, R. GARFIELD, SQUIRES, WILLARD H.: Follow-Up Study of Arthritic Patients Treated With Activated Vaporized Sterol (Ertron), *N. Y. St. Jl. of Med.*, Vol. 41, 2332-2335, December 1 (1941)

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"A TIME-TRIED SENIOR-JUNIOR PARTNERSHIP"

Article reprints available

The popularity of a 1937 MEDICAL ECONOMICS article on partnership contracts led to its revision and republication in 1939 under the title "A Time-Tried Senior-Junior Partnership." To answer the continuing demand for copies, reprints have now been made available at the cost price of 10 cents each. Address: Medical Economics, Inc., Rutherford, N.J.

The article explains in detail the three fundamental types of joint-practice arrangements between older and younger physicians—the assistant association, the office-sharing plan, and the contractual partnership. The text of a sample contract is included.

Medical defense in action

[Continued from page 52]

the stretcher is set down. A stretcher can be assembled in half a minute. First aid posts are fitted with a number of litter stands which will hold a stretcher at waist height.

Volunteers at each post receive a Red Cross first aid course requiring two hours a week for ten weeks. Post physicians, themselves volunteers, give these courses. Training of post personnel is conducted on the theory that each member of every unit must be competent to substitute for his immediate superior when necessary. And though the doctor at each post is supposed to reach his station as quickly as possible when the alarm sounds, first aid squads are trained to function in emergencies without a physician's leadership.

Southampton's medical minute men are not allowed to become rusty. Weekly practice strengthens teamwork, and occasional unscheduled workouts keep the organization on its toes. For example, last month the civilian defenders were sent into action by this flash:

"Five minutes ago we received a telephone call that a coastwise steamer carrying 100 passengers has been torpedoed without warning three miles off Southampton. The Coast Guard is on its way to pick up uninjured survivors. One ship's boat containing twenty seriously injured persons is approaching shore. They have had no treatment. The sea is calm. The Coast Guard will accomplish the landing. Southampton's civil defenses will handle this emergency at once."

This unpredicted emergency did not stump the volunteers. Squads rushed to the beach in jig time.



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Water . . . air . . . electricity . . . vacuum . . . waste . . . all are brought to you in one compact unit. Reduces operating, treatment and examination time . . . brings added ease to you and adds to your efficiency. See it at your Ritter dealer's, or write direct for literature.

Ritter Equipment Company, Inc.
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THE ONE UNIT THAT HAS "Everything"

gave first aid to the simulated casualties, and sped them off to the hospital.

Credit for the smooth-running organization belongs both to the enthusiastic volunteers and to capable leaders. Quite apart from its service to its own homes, this unit deserves praise for beating out a path which medical defense leaders in other small communities can follow to good advantage.

—DAVID L. WARK

Income tax savings

[Continued from page 67]

is fully taxable, in the same way as is interest from private corporate securities. But interest on Government obligations issued before that date is exempt from normal tax and may therefore be deducted.

A further complexity about Government bonds: Interest on specified Treasury bonds (including U.S. Savings Bonds) up to the purchase value of \$5,000 is also exempt from the surtax. Consequently, in reporting the tax-exempt interest on such bonds, be sure to select those bonds to the initial

value of \$5,000 which bear the highest interest rate.

There are two methods of reporting interest earned on U.S. Savings or Defense Bonds that have been bought, as most are, at less than their face value. You may elect to report each year the increase in value since the date of purchase, or you may withhold reporting such income until the bonds have been cashed in. Once you have established your method of reporting, however, you cannot change it without special permission.

Incidentally, there have been no major changes this year in the method of calculating long and short term capital gains and losses.

DEDUCTIONS

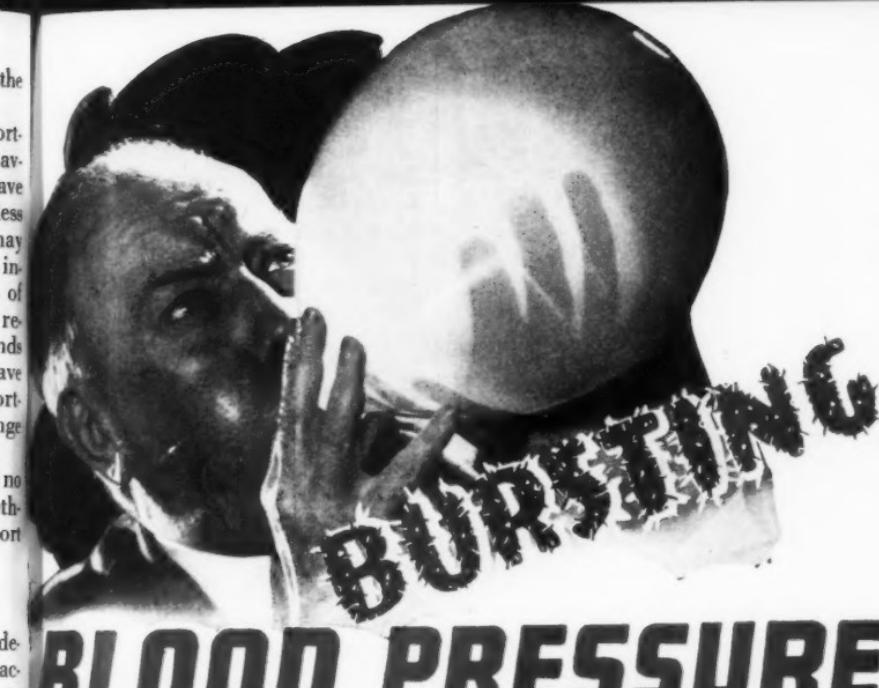
A comprehensive check-list of deductions available to physicians accompanies this article. Worth note here are the following interpretations about deductions, derived from recent court decisions.

It is now permissible to make a deduction for the abandonment of assets which have become worthless and which were used in your profession, or which were acquired



When Epidemics Threaten

Give the mouth and throat extra care



BLOOD PRESSURE

Double danger lies ahead when blood pressure soars to high levels. One of the cerebral arteries may burst under the unbearable pressure or cardiac compensation may fail under the relentless burden.

In this emergency it is wise to reduce blood pressure drastically by absolute rest in bed, restriction of diet and administration of *the safe potentiative for long continued use—* ALLIMIN CONCENTRATED GARLIC-PARSLEY TABLETS.

Pharmacological tests on cats, tested for the uniformity of their blood pressure, have demonstrated very substantial reductions following single intraperitoneal injection of ALLIMIN. Clinical observations in controlled series of hypertension cases have likewise shown very satisfactory lowering of pressure from dangerously high levels, continuing the period of medication, together with remarkable relief of associated headache and dizziness.

ALLIMIN Tablets contain 4 $\frac{1}{4}$ gr. dehydrated root-bulbs of garlic and 2 $\frac{3}{8}$ gr. dehydrated parsley shoots with excipients and coating. The average dose is 2 tablets with water, to be swallowed not chewed, three times daily for three consecutive days, omitting every fourth day.

ALLIMIN is advertised only to the profession. For professional sample and literature, check, sign and mail coupon to

VAN PATTEN PHARMACEUTICAL CO.
Dept. M.E., 54 W. Illinois St., Chicago

Send literature and professional sample to _____

M.D.

Address _____

Town _____ State _____



**To Relieve this
Arthritic Pain**
TOLYSIN
TOLYSIN plus
PHENACETIN

Physicians throughout this country use Tolysin and Tolysin Plus Phenacetin as their first step in the treatment of gout, osteoarthritis, sciatica, neuritis, neuralgias, and allied conditions.

Tolysin Plus Phenacetin is especially useful in the large number of cases where immediate relief is uppermost in the patient's mind.

Each Tolysin tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U.S.P. XI) grains 5.

Each Tolysin Plus Phenacetin tablet contains Tolysin grains 3½ and Phenacetin (acetophenetidin, U.S.P. XI) grains 1½.

Pharmaceutical Department

CALCO CHEMICAL DIVISION
AMERICAN CYANAMID COMPANY

SOUND BROOK  NEW JERSEY

in anticipation of profit.

In contrast with former years, you may no longer deduct the rental of a safe deposit box in which you keep revenue-producing stocks and bonds. Nor may you deduct other expenses incidental to the ownership of stocks and bonds, such as legal and accounting fees. A court has ruled that such costs are not ordinary and necessary expenses incurred in carrying on a business or profession.

ARMY OR NAVY PAY

If you're on active duty with the army or navy, your pay is fully taxable. However, anything else furnished you by the Government is not taxable, even though you might otherwise have to provide it for yourself. The matter of permissible deductions requires careful interpretation. You may deduct the cost of equipment which is peculiarly essential to army or navy service —say, the price of a Sam Browne belt, a sword, epaulets, campaign bars, etc.

But the cost of uniforms, gold braid, special buttons, etc., are not deductible, even though such equipment may be used only rarely. The theory appears to be that the equivalent to such expenditures would be necessary in civilian life. The expense of operating a private car, even though used in performance of duty, is also not deductible.

Men on active duty do have certain tax privileges. Upon proof that their ability to pay has been interfered with by their service, they may postpone tax payments until six months after discharge. Men on foreign service are also granted an extra three months' leeway in filing returns. And a naval officer on duty afloat who maintains a sep-

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erate home may deduct living expenses which are in excess of his subsistence allowance.

[Physicians interested in a fuller exposition of income tax esoterica, plus specific instructions on filling out forms, may wish to consult one of the many tax handbooks now on the market. Among the best known of these is "Your Income Tax," published by Simon & Schuster at \$1.—THE EDITORS.]

Navy doctors fight back

[Continued from page 46]

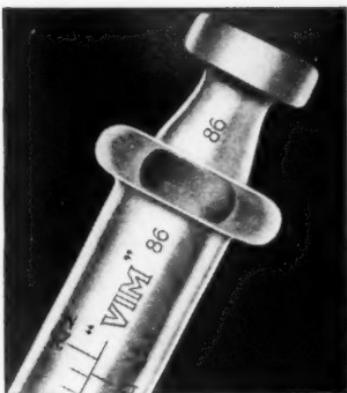
powder and shells are stored below them. They must scramble up narrow ladders, in and out of boats, and beneath hanging weights. They must face the general hazards of life at sea, against which there is no full protection.

Purely routine medical duties are the training of hospital corpsmen, holding twice-daily sick calls, maintenance of complete health records and medical supplies, immunizations, ship inspections, quarantine provisions, and periodic physical examinations for all the ship's personnel.

* * *

At a ratio of 6.5 medical officers for every 1,000 officers and men, there are now about 2,000 navy medical corps physicians in active service with the navy and the marines. It is estimated that an additional thousand will be needed between now and May or June. The medical corps reserve is rapidly becoming exhausted. Volunteers are closing the breach, but the Navy Department has announced an urgent call for more doctors.

—PATRICK O'SHEEL



You Can Always Rely on **VIM SYRINGES**

- for smooth, velvety operation
- for their ability to withstand pressure without leakage or backfire
- for their longer-life service due to absence of structural strains in the glass
- for their high thermal resistance to the heat of sterilization
- for exact dosage, due to their precise calibration
- for permanency of the scale, because of a special baked-in pigment
- for high, maintained standards of quality

Your surgical dealer has all standard sizes of VIM Syringes. Order them by name: VIM.



The answer To Your Infant Feeding Problem!

THIS IS WHAT S-M-A IS



A scientifically prepared formula for infants deprived of breast milk.

THIS IS HOW IT IS PREPARED



1. Empty one tightly packed measuring cup of S-M-A Powder into bottle.

2. Add enough warm, previously boiled water to make one ounce.

3. Cap bottle and shake into solution. Feed at body temperature.

THIS IS THE WAY IT IS FED

The quantity and number of feedings in 24 hours should be the same as that taken by the normal breast-fed infant.

THIS IS THE ONLY SUPPLEMENT REQUIRED



AND THIS (in a nutshell) is the Easy, Economical Way used by an ever-increasing number of physicians to insure excellent nutritional results.



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THE NEWSVANE

Societies' War Boon

All physicians should belong to a local medical society because "every mother's son of us will be assigned a job either in the military or home defense departments" and these assignments will be made through organized medicine, Dr. Samuel J. Kopetzky, chairman of the Military Preparedness Committee of New York State, declared in a recent address. To encourage this increased membership, the Bronx County Medical Society has agreed to reinstate at a reduced fee former members who were dropped because of non-payment of dues.

M.D.-Service Figures

Just prior to America's involvement in war, an average of 6 per cent of the physicians in twenty-one States were already serving in the armed forces, according to replies from the many State medical societies to a questionnaire distributed by the Indiana State Medical Association. The returns indicated that the percentage of doctors in service varied among different States from 0.5 per cent to 14 per cent.

Simplify Medical Line

Simplification of many regular lines of surgical equipment and supplies, to eliminate non-essential items, is gaining momentum in the surgical trade. The effort is aimed at increasing productive capacity and promoting efficient utilization of war-essential metals and other materials. Among groups which are collaborat-

ing in the program are the American Surgical Trade Association, the American Hospital Association, the American College of Surgeons, and the Division of Simplified Practice of the National Bureau of Standards.

Midwives in Demand

"In many defense areas a shortage of doctors is forcing women to go back to untrained midwives," Dr. Martha M. Eliot of the Children's Bureau, Department of Labor, told a recent conference on Women's Activities in Civilian Defense.

"A shortage or lack of hospital facilities is forcing women to be delivered at home, sometimes under very bad conditions—even at times in trailers," Dr. Eliot continued. "Public hospitals, short of beds and nurses, are wholly unable to handle the load of maternity patients. Nurseries for newborn infants are greatly overcrowded. Women are sent home within three or four days or sometimes even within twenty-four hours after delivery with little or no assurance that a public health nurse will be able to visit them. Add to all this the withdrawal of physicians (including pediatricians and obstetricians) from the civilian population to enter the army or navy and the situation becomes still more difficult."

Uncle Sam Wants You

Defense-expanded U.S. Government needs have prompted a new civil service appeal for doctors to serve as medical officers in the Veterans Administration, the Indian Service, the U.S. Public Health Service, and sim-

iliar Federal agencies.

An examination announced in 1940 to fill various medical grades has been closed and reannounced with modifications. The examination covers three grades: associate medical officer, \$3,200 a year; medical officer, \$3,800 a year; and senior medical officer, \$4,600 a year. Maximum age limit for all grades is fifty-three. Applications will be accepted until further notice.

Applicants for the associate grade must have been graduated from a Class A medical school since May 1, 1920. No specified time limit is set for graduation for the senior grade.

Applicants are rated upon their education and experience, and no written test is required. Experience in either cardiology, aviation medicine, or general public health work is required of applicants for senior medical officer appointments. For the associate grade, no experience other than one year of internship is required, and applications will be accepted prior to completion of internship.

Army Health at Peak

On the eve of this Nation's declaration of war, the army's disease mortality rate was less than one-tenth of what it was during 1917-18, Surgeon General James C. Magee told the War Department recently. The venereal disease rate, he said, had been

reduced more than 50 per cent from the World War level.

Military Pay Change

Both regular and reserve physician serving in the army and navy and related services will receive increased pay if a bill now in Congress is passed. Introduced by Senator Edwin C. Johnson of Colorado, the bill has received wide support and final action is expected soon.

British Practice Changes

Despite opposition from conservative elements of the profession, two new projects to reorganize medical service in England are being considered by the British Medical Association.

The first, which would virtually abolish private practice, contemplates a state medical service under which all doctors would be on salary and would work in groups at local government health centers. Groups would comprise from ten to thirty doctors and all patients would be treated at the centers or in their own homes. Each center would have an up-to-date pathological laboratory, X-ray plant, and other special equipment. Medical panels, public assistance district services, and hospital out-patient departments would be eliminated.

Because of the first plan's unpopularity among doctors who still maintain private practices, a compromise



METHENAMINE
IN ITS
PURE FORM

CYSTOGEN

the dependable urinary antiseptic

Rapid in action and definitely antiseptic, Cystogen is indicated in most non-tuberculous infections of the urinary system. Liberating a dilute solution of formaldehyde in the urinary tract, Cystogen clarifies fetid, turbid urine; eases renal and vesical discomforts; moderates tenesmus and urinary urgency. Well-tolerated, may be prescribed for protracted treatment. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

CYSTOGEN CHEMICAL CO., 190 BALDWIN AVE., JERSEY CITY, N.J.



THE CASE OF THE Amazingly Average Mr. Smith

HARDWORKING, nervous, worried. Has an indoor job. Eats "what he likes". And suffers from subclinical multiple vitamin deficiency.

Cause: Rarely drinks milk; eats too few fats and fresh green vegetables in summer and fewer still in winter: *inadequate A intake*. Burns up energy—diet chiefly carbohydrate: *depletes reserves of B₁ and other B factors*. Dependent on stored, processed and usually improperly cooked foods: *inadequate intake of A, B₁ and probably C*. Gets very little sunshine—hence *very little D*.

An average patient, typical of the average practice. And for him White's Multi-Vi Capsules are specifically designed. Each small Multi-Vi Capsule provides—at very modest cost—6 vitamins of known clinical importance: A, B₁, B₂ (G), C, D and Nicotinic Acid.

You will be pleased by the efficacy of these ethically-promoted Capsules—not only for the "Mr. Smiths" in your practice, but, above all, where pregnancy, lactation, or convalescence drain vitamin reserves to the point of frank deficiency. White Laboratories, Inc., Newark, N. J.

WHITE'S MULTI-VI CAPSULES
VITAMINS A, B₁, B₂, C, D AND NICOTINIC ACID

proposal is also being discussed. Under it, groups of three or four doctors keeping their own practices would set up small, private medical centers where their patients could get the advantages of the newest and best equipment and diagnostic aids.

Urge Drug Substitutes

Shortages affecting hundreds of medicinal products have reached a stage where substitution or elimination of certain drugs should be permitted, E. C. Merrill, of the United Drug Company, recommended in a recent address before the Proprietary Association. He urged that the revision committees of the United States Pharmacopoeia and the National Formulary lead the way in recognizing the scarcity of important drugs as an emergency condition.

Listing fifty-eight crude drugs as unavailable or scarce, Mr. Merrill said the shortage of belladonna is extremely acute; lack of zinc is having far-reaching effects; and niacinamide, magnesium, licorice, theobromine, and ethyl alcohol are especially hard to get. He noted also a scarcity of vitamins, and pointed to a 500 per cent advance in Vitamin A prices since early in 1941.

In another address, Thomas Lewis of S. B. Penick & Company predicted that the shortage of botanical drugs will become even more acute.

Fears T.B. Increase

A rising tuberculosis mortality rate in large American cities has followed lengthened hours of work in defense industries, and threatens to reverse the downward trend of the disease in the U.S. as a whole. This opinion was voiced by Godias J. Drolet, assistant director of the New York Tuberculosis and Health Association, in disclosing that a survey of tuberculosis deaths in forty-six cities showed an increase in nineteen of them between January 1 and November 15, 1941.

Navy Lowers Standards

Physical standards for enlistment in the navy, the marine corps, the naval reserve, and the marine corps reserve have been relaxed, according to an official Navy Department announcement. It was not indicated whether physical standards for those seeking commissions will also be lowered.

Hospital Plans Aid M.D.'s

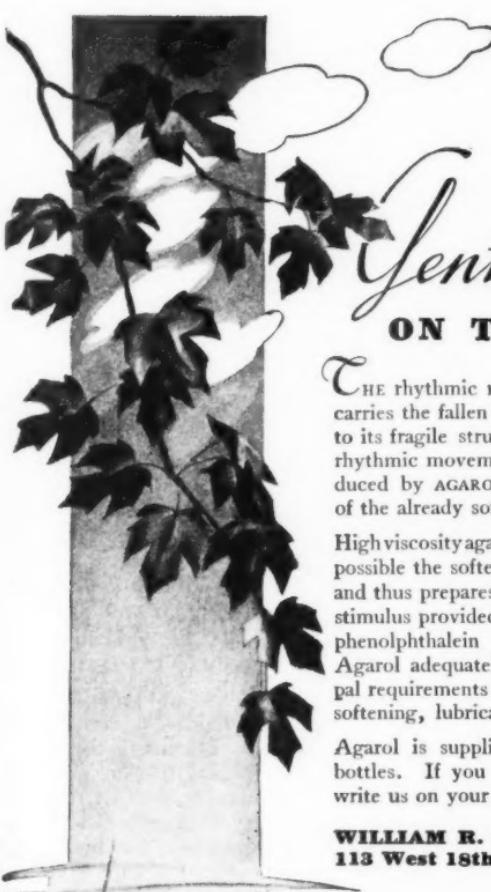
Group hospitalization subscribers who have received service in Milwaukee and other Wisconsin cities were recently asked four questions concerning their experience. A questionnaire circulated by the Associated Hospital Service in those localities produced the following results:

"Was your doctor's bill easier to

FOR SCABIES
Wyeth's
SULFUR FOAM Applicators
Carry pure sulfur to every pore and recess
of the skin
NO GREASE—NO MESS
Supplied in boxes of 3 applicators
Clinical supply free on request

JOHN WYETH & BROTHER, INC. • PHILADELPHIA, PA.





Gently Borne **ON TO ITS GOAL**

THE rhythmic movement of the gentle wave carries the fallen leaf to the shore without harm to its fragile structure. Similarly, the gentle rhythmic movement of the peristaltic wave induced by AGAROL assures certain evacuation of the already softened intestinal contents.

High viscosity agar-emulsified mineral oil makes possible the softening of the intestinal contents and thus prepares the ground for the peristaltic stimulus provided by the highly purified white phenolphthalein present in Agarol. Thus Agarol adequately furnishes the three principal requirements for the relief of constipation: softening, lubrication, peristaltic stimulation.

Agarol is supplied in 6, 10 and 16 ounce bottles. If you desire a trial supply, please write us on your letterhead.

**WILLIAM R. WARNER & CO., INC.
113 West 18th Street - New York City**



A G A R O L

meet because of membership in this plan?" Ninety-three per cent of the 350 replies were "Yes."

"Without this service, would you have been able to pay your entire hospital bill?" Thirty-seven per cent answered "No."

"Would you have occupied a less expensive room?" Thirty-four percent said "Yes."

"If you had not been a member of this plan, would you have delayed hospital care?" Sixteen per cent said "Yes."

Hospitals in Britain

Integration of all public and private hospitals into one government-directed system has been brought about in England because of wartime conditions, the British Ministry of Health has revealed. It is expected that measures will be instituted soon to insure that all patients, regardless of whether they can pay for it or not, will receive immediate and complete hospital care upon demonstration of their need for it.

Medical Troop Training

A new medical corps replacement training center is under construction at Camp Barkeley, Texas, the War Department has announced. The new camp is similar to centers already established at Camp Grant, Ill., and at Camp Lee, Va. It will cost more than \$2,000,000 to complete. Facili-

ties will be available for the training of about 4,000 selectees and enlisted men who will serve with army medical units.

Draft Takes 2 of 22,000

Local Selective Service boards have refused deferment to only two out of 22,000 students in U.S. medical colleges, according to the Association of American Medical Colleges. The seventy-six schools in the country enrolled 6,100 students last year, a 6 per cent increase over 1940. The increase was spread among sixty of the colleges.

War Problem for M.D.'s

Shortly after a drastic reduction in English milk rations recently, several physicians were charged with handing out prescriptions permitting favored patients to obtain extra supplies of milk on grounds of invalidism.

Nazis Set Good Table

No lack of vitamins is noticeable in the rations supplied to German citizens and to British and Belgian inmates of German prison and work camps, according to Dr. Carlisle Knight, chief medical officer of the American Embassy in Berlin and U.S. Public Health Service veteran. Dr. Knight returned to the U.S. recently after a five-months' assignment



LONG-LASTING RESULTS IN HYPERTENSION

The sustained gains achieved with Nitroscleran give this vasodilator wide acceptance. Nitroscleran is available in ampuls for injection treatment; also in soluble granules for oral use. Ask your physicians' supply house, or write to E. TOSSE & CO., INC., 6500 Second Ave., Brooklyn, N. Y., for literature. Export Managers: Comimex, Inc., 2 West 46th St., New York, N. Y.

THE SLOWER-BURNING CIGARETTE MEANS LESS NICOTINE IN THE SMOKE!

MOST physicians concede that the leading constituent of cigarette smoke from a physiologic standpoint is *nicotine*.

Medical—research authorities* find that the slower-burning cigarette produces less nicotine in the smoke. Camel's scientific tests** show that Camels burn slower and that the smoke of Camels contains less nicotine than the average of the other brands tested.

When suggesting a program to improve a patient's smoking hygiene, you may find it of value to recommend Camel, the slower-burning cigarette.

Camel offers a double advantage: Besides the reduction of nicotine intake (and all that this implies in the lessening of physiologic irritation), Camel gives more assurance of your patients' cooperation. Camel's slower-burning, costlier tobaccos maintain the essential "pleasure factor" in smoking.*

* *J.A.M.A.*, 93:1110, October 12, 1929

Brückner, *Die Biochemie des Tabaks*, 1936

** *The Military Surgeon*, Vol. 89, No. 1, p. 7, July, 1941

A RECENT ARTICLE by a well-known physician in a national medical journal presents new and important information on the subject of cigarette smoke and the burning rate of cigarettes. A comprehensive bibliography is included. Let us send you a reprint of this article for your own inspection. Write to Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

CAMEL

THE CIGARETTE OF COSTLIER TOBACCO

for

BRONCHIAL COUGHS in INFLUENZA

LIBRADOL* *proven medicated cataplasma*

Numerous clinical studies prove that LIBRADOL acts quickly, safely, in relieving bronchial coughs in influenza.

LIBRADOL'S analgesic and antiphlogistic action has been so successful as an aid in bringing about relief of bronchial irritation and congestion, that Physicians have relied upon it for many years.

Your druggist has, or can obtain LIBRADOL in jars or handy, individual applications of easy to use LIBRADOL "Theraplasma." Advertised only to the profession.

Literature upon request.

* Lobelia
Ipecac
Bloodroot
Camphor
Eucalyptus



PHARMACISTS • INC.

which placed him in direct charge of the health and general welfare of British and Belgian prisoners in Germany.

In a report that contradicted another made last April by Dr. Herbert A. Spencer, senior surgeon of the Public Health Service, Dr. Knight said prisoners and German civilians are in good health, enjoy balanced rations, and complain only that the food is monotonous. Reminded that Dr. Spencer had said Reich citizens and prisoners alike were "thin and pale, and walked listlessly through a deficiency of vitamins," Dr. Knight declared: "I'm sorry, but I certainly disagree with him!"

Draft Health Statistics

Duplicate copies of draftees' physical examination reports are now being collected for analysis by Selective Service national headquarters. The reports will be analyzed according to incidence and geographic location of various defects recorded, and will also be studied from the viewpoint of social and economic factors such as occupation, age, race, place of birth, urban or rural residence, and so on.

English Red Tape

A panel physician in England who telephoned for a schizophrenia patient's recent military service medical records was notified, according to the British Medical Journal, that "all medical records more than three years old have been disposed of for waste paper, in accordance with instructions from the Ministry of Health. Therefore, the records of Mr. X cannot be forwarded."

Hit Abortion Racket

A program aimed at cleaning up the abortion racket in New York City has been proposed by a grand jury of the Brooklyn Supreme Court. In-

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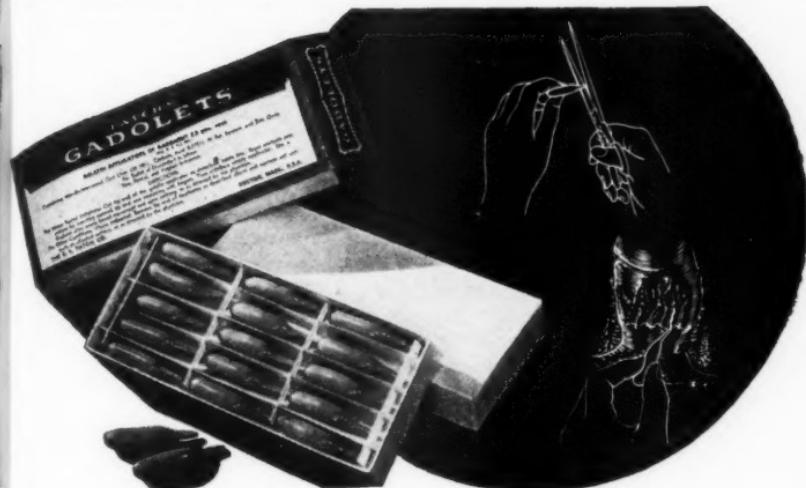
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G A D O L E T S



THE NEW APPLICATOR FOR RELIEF OF DISCOMFORT IN:

**HEMORRHOIDS
CRYPTITIS
ANAL FISSURE**

**PRURITUS ANI
PRURITUS VULVAE
SENILE VAGINITIS**

Gadolets are flexible gelatin applicators, each containing 2.5 grams of the well-known cod liver oil ointment, Gadoment.

Clinical studies reveal that Gadolets are of definite value in relieving the intense itching of hemorrhoids and related anorectal conditions, and in promoting epithelial growth in fistulae and fissures.

In vulvar and vaginal conditions, Gadolets are equally effective as a means of providing relief from discomfort.

The treatment is simple—just clip off the end with scissors or knife, and expel the contents into the affected orifice.

Supplied in boxes of 15 and 30 applicators.

THE E. L. PATCH COMPANY
Stoneham P.O., Boston, Massachusetts

THE E. L. PATCH COMPANY
Stoneham P.O., Boston, Mass.

Dept. M.E. 1-42

Gentlemen: Please send me a sample of Gadolets and my copy of "Cod Liver Oil Therapy for the Relief of the Discomfort Associated with Certain Rectal, Vulvar and Vaginal Conditions."

Name M.D.

Address

City and State.....

tensified public education against the risks of abortion was recommended by the jury, who also asked that penal laws be revamped to make it a misdemeanor for offering to take part in a criminal abortion or to refer patients to physicians willing to undertake such operations. A police department drive to uncover abortion establishments was also called for.

Pediatric Board Ups Fee

A \$20 increase in the application fee set by the American Board of Pediatrics, raising it to \$50, will take effect next May 1. The action is based on a need for greater income to continue the board's work. Physicians who apply before May 1 will be considered at the current \$30 rate if otherwise eligible.

Osteopaths Set Back

Rulings against two osteopaths who employed drugs and surgery in cases where manipulation and other osteopathic methods failed, were sustained by a recent decision of the Kansas Supreme Court. The court's opinion cited a previous ruling which held that "The need, if any, of using narcotics or other drugs to relieve the pain in administering treatment by osteopathic therapy should be addressed to the Kansas legislature rather than to the courts."

In the present case, the Supreme

Court declared, "we find no authority in our statutes for the limited use of medicine and surgery contended for by the defendants, and it is beyond the power of this court to write an exception into the statute. Clearly this is a matter for the legislature."

Health-Religion Clinic

In a cooperative effort to promote morale, spiritual, and physical health, physicians and clergymen of West Orange, N.J., are preparing to set up a panel whose members can provide a joint approach to laymen's problems. If successful, the plan will be proposed as a national movement.

Doctors will teach ministers to recognize symptoms of mental disturbance, while clergymen will help physicians discover when spiritual maladjustments have preceded mental conditions. A member of either group will be able to call in a member of the other whenever an individual's problem appears to require cooperative consideration.

A similar undertaking has been tried out in Brooklyn, N.Y., at the Church of the Holy Trinity.

High Cost of Vitamins

Any adequate attempt at universal fortification of basic U.S. foods with vitamins and minerals will require subsidization from public funds, in the opinion of Dr. Alonzo E. Taylor,

There's a waiting place for this Sterilizer in your Office . . .

Look around your office, now. Don't you see some old piece that ought to be replaced? This Castle "55" will just fit.

And in your work we know it will have its place because of its safety "Full-Automatic" Control, C A S T - I N - B R O N Z E Boiler, acid-proof china top, glass door and shelves, and silent foot lift. Write

WILMOT CASTLE COMPANY
1143 University Ave. Rochester, N. Y.



The last score-mark is gone!



NOTICE the "tip groove" of clear glass just above the needle-fitting, ground portion of a B-D Syringe tip. This refinement, found only in B-D Syringes, has saved the medical profession thousands of dollars.

In grinding ordinary tips, it was discovered that a score-mark was left by the end of the grinding tool. This mark, like the scratch of a glazier's tool, fractured the skin of the glass. Frequent, premature breakage resulted.

With the development of the "tip groove", the end of the grinding tool was permitted to revolve harmlessly in space. In place of a score-mark the full strength of unground glass remained. Result — a stronger tip — longer life — lower cost to professional users.

B-D PRODUCTS
Made for the Profession

B-D Syringes

YALE OF SPECIAL RESISTANCE GLASS	MEDICAL CENTER OF 'PYREX'	LUER-LOK EXTRA STRONG TIP LOCKS WITH B-D NEEDLES
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BECTON, DICKINSON & CO., RUTHERFORD, N. J.

Stanford University food expert. Vitamin B₁, nicotinic acid, and iron needed to enrich one barrel of flour cost 29 cents today. Addition of Vitamin B₂, even if it could be made available in quantity, would boost this cost to 50 cents.

Dr. Taylor emphasizes that those most in need of enriched foodstuffs would be those least able to pay the increased price.

Birth Rate Soaring

World War I and this war's defense boom are factors in what the Census Bureau reports as the United States' highest birth rate in twenty years—187 babies per 10,000 population in 1941.

When final 1941 reports are completed, an estimated 2,500,000 babies will have been added to a population of 132,000,000, according to the bureau. "The large crop of babies born after the boys got back from the World War have now become old enough to have babies of their own," the bureau explains. "And they are having them."

Dentists as Surgeons

Training American dentists as auxiliary surgeons to treat face and head injuries in emergencies was recommended at the Greater New York Dental Meeting by Dr. Douglas B. Parker, associate professor at Columbia University School of Dental and Oral Surgery. He urged listeners to take a leaf out of the war book of British dentists in learning this work.

Dentistry needs financial assistance in order to play its potential role in the war effort, Dr. James T. Ivory, president-elect of the Dental Society

of the State of New York, told the meeting. He said support for dental research has been ignored by the Federal Government as well as by philanthropists. He cited sizable Federal expenditures to curb diseases less frequent and no more dangerous than caries.

Dr. Ivory said dentistry reaches only one-fourth of the population. In that connection, it was pointed out by Dr. Percy T. Phillips, general chairman of the meeting, that a government-financed program of preventive dentistry for children would have eliminated 95 per cent of the dental defects now causing military service rejections. The profession has advocated such a program for the past twenty years, he said.

Kansas Tackles V.D.

A plan to overcome the initial barrier to rehabilitation of draft registrants rejected for venereal disease has been approved by the Kansas Board of Health for trial in Wichita. It circumvents army regulation forbidding disclosure of a registrant's venereal disease without his consent, and was drawn up after Kansas learned 5.11 per cent of its draft rejections were due to venereal disease.

Army rules made it impossible to submit a list of positive Wassermann reactors to the State board for reference to county and local health officers, who would follow them up. In the plan to be tried out, the draft board will notify the rejected registrant to report at its headquarters, no reason being specified.

There he will be given a sealed envelope containing notification that

ALKALOL IS MILD
IS EFFECTIVE

Both mild and effective—because of its careful, scientific balance. May we sample you?

THE ALKALOL COMPANY • Taunton, Mass. • Est. 1896



The Problem OF NUTRITION IN GERIATRICS

The declining physical activity of senescence has created in the minds of many aged persons the erroneous belief that dietary curtailment is desirable. Yet, modern authorities assert that nutritional requirements, with the exception of caloric fuel value, do not decrease, and their satisfaction is necessary if vigor, good health, and normal freedom from infectious disease is to be maintained.

The one-sided, usually inadequate diet of many aged persons can be readily balanced with New Improved Ovaltine. This delicious food drink provides nutrients likely to be lacking, and supplies them in easily assimilated form. Ovaltine puts little

tax on the digestive apparatus; its pleasing palatable taste rarely loses its appeal.

Three daily servings (1½ oz.) of New Improved Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.00 Gm.	30.00 Gm.
CARBOHYDRATE	30.00 Gm.	66.00 Gm.
FAT	3.15 Gm.	31.95 Gm.
CALCIUM	0.25 Gm.	1.05 Gm.
PHOSPHORUS	0.25 Gm.	0.903 Gm.
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venereal disease caused his rejection. In it also will be a form on which he is to indicate whether he prefers to go to his family physician at his own expense or, if indigent, to consult his local health officer for advice. His signature on the form will constitute consent to some type of action, thus automatically empowering the State board to send his name to the local health officer, who will proceed with the case.

"Doctors At Work"

Presented jointly by the American Medical Association and the National Broadcasting Company, "Doctors at Work" has started its second season on the air. The dramatized radio serial is heard from 5:30 to 6 P.M., Eastern Standard Time, over more than seventy-five stations of the NBC Red Network, coast to coast.

Dr. Tom Riggs, a typical American youth who chose medicine as his career, and his bride, Alice, are the central characters of "Doctors at Work." Their personal story is interwoven with the romance of modern medicine and its benefits to the doctor's patients.

Last year, "Doctors at Work" dealt with Tom's training for private practice. This season it resumes with his marriage and presents the life of a young doctor and his wife in a typical medium-sized American city in time of national emergency.

Each station in the NBC Red Network decides whether or not to take this educational sustaining feature in preference to available local revenue-producing programs on the basis of indications of local interest in "Doctors at Work."

Psychiatric Foundation

In an attempt to "do for psychiatry and psychology what the Mayo Foundation does for general medicine and surgery," Dr. Karl Menninger, Kansas psychiatrist, has established the Menninger Foundation for Psychiatric Education and Research, with headquarters in Topeka.

Dr. Menninger declares the foundation will "prepare men and women for rendering psychiatric services to the armed forces, industrial organizations, and the people generally." It will be a non-profit organization, according to its founder.

M.D. Incomes Guaranteed

Guaranteed incomes for participating physicians, free choice of doctor, and supervision by a physicians' medical board are features of a group medical plan newly evolved by New York City's five county medical societies. It is proposed for trial in the East River low-cost housing project, where the average annual income of 1,170 families is between \$1,000 and \$1,100.

Under the plan, subscribers pay

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Young internes who have completed hospital training are eligible for approval as resident physicians, receiving a concession on their rent and a guaranteed income of from \$1,500 to \$3,000 a year. Each doctor is given a quota of 1,000 subscribers, his income to be determined by the number who choose him.

Four senior physicians will comprise the medical board supervising the plan.

Hypochondriacs Barred

Hypochondriacs are to be barred from the Milwaukee (Wis.) County dispensary hospital by William L. Coffey, director of county institutions. While promising that no one who needs care will be neglected, he cited an estimate that 10 per cent of visiting patients either do not need to come to the hospital at all or else should report less frequently.

Nips Medical Monopoly

Governor Henry F. Schricker recently engineered a revision of Indiana's law requiring annual physical examinations of barbers and beauty operators. Despite protests from physicians, the law had been allowed to stand with the provision that only

some 200 specifically designated doctors could perform these examinations. As a result, this hand-picked group had been receiving about \$44,000 a year in examination fees. The Governor's order provides that any Indiana State Medical Association physician may now undertake these examinations.

More Liquor Victims

A significant increase in the number of alcoholics in the U.S. has been documented by Dr. S. Bernard Wortis, Cornell University professor of clinical medicine.

In New York State hospitals alone, Dr. Wortis reports, the number of patients receiving treatment for alcoholism is now 6 per cent of the total admitted, an increase from 1 per cent of the total in 1926. Traffic mishaps in which drunkenness was a contributing factor have jumped 17 per cent in the past two years in New York State, according to Dr. Wortis.

C.I.O. Health Program

Predicting new Presidential recommendations for revision of the Social Security Act, the C.I.O. has revealed that it will attempt to secure a national health program under Social Security which will cover the entire population, with free medical care for those who cannot afford insurance.

President Philip Murray, address-

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ing the fourth constitutional convention of the C.I.O., declared that "national defense has made the adoption of such a program of emergency importance. . . The problem of medical care has been studied for over a decade and we are now in possession of enough facts to be able to proceed with a federal system of health insurance."

Compulsory T.B. Tests

San Francisco's Board of Education has asked its legal advisors to determine the legality of a proposal to order mandatory tuberculosis examinations for the 90,000 school children of that city.

Average Insurance \$925

Life insurance carried by the average U.S. citizen in 1941 amounted to approximately \$925. This is an all-time high, according to the latest statistics of the Institute of Life Insurance. It is three and a half times the per capita total of \$266 reported in 1917.

City Gets New Patients

New York City's Welfare Department has extended its medical and nursing service to include families eligible for aid to dependent children, and is enlisting 5,000 physicians as an approved panel for this work. Previously, such aid has been available to families on home relief, to the blind and aged, and to war veterans.

In addition to the doctors, 3,600 of whom already have agreed to serve, the Welfare Department's medical advisory committee will list 1,500 pharmacists who will provide medicine for approved patients and send the bills to the city.

In collecting fees, the physicians will have no claim against the department, as the Social Security Act provides that each check be sent to the client with the understanding,



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but not the requirement, that it will be turned over to the doctor. Direct payment to the physician is possible in the case of home relief clients, however. The fee is \$2 a visit.

Some doctors have refused to add their names to the panel because of this regulation. The Welfare Department has termed their objections "absurd and ridiculous."

Health in the Air

A series of radio broadcasts to promote national health is being produced this Winter by the National Broadcasting Company under the sponsorship of the Women's National Emergency Committee. The Public Health Service, Federal Security Agency, and Department of Agriculture are backing the program.

Panel Doctors' Plight

British health insurance panel physicians, as well as private practitioners, are still seething over a recent government decision to extend compulsory insurance coverage to persons earning as high as £420 yearly (about \$1,700). Previous top income limit was £250. The changeover, which becomes effective this January, diverts a large number of patients from private practitioners to panel doctors.

What peeves the English profession most is the government's failure to consult the British Medical Association before taking steps to widen the insurance coverage. An understanding in effect between the B.M.A. and the Ministry of Health since the institution of compulsory insurance called for joint consideration prior to any revision of the insurance laws.

The situation has been aggravated by the steadily worsening economic position of panel physicians. When England went to war in 1939, panel doctors were receiving a capitation fee of 9 shillings a year (less than \$2). The smallness of this fee was in itself regarded as a hardship. As the war has progressed, however, English panel doctors have seen the healthiest of their patients enter army service, with the result that the average panel now requires more medical attention per patient. At a recent British Medical Association conference, one panel practitioner displayed a graph which indicated that since 1914 the load carried by the average panel doctor had increased 100 per cent, "the cost of living 100 per cent, and the fee only 28 per cent."

To avert open rebellion among insurance practitioners as the result of its latest move, the government offered to boost the capitation fee an additional sixpence (approximately 10 cents). Protests against this resulted in a second offer of ninepence. When physicians declared this sum ridiculously small, the government told them they would have to take it or leave it. With no power to combat the official order, the B.M.A. read the following motion into its records:

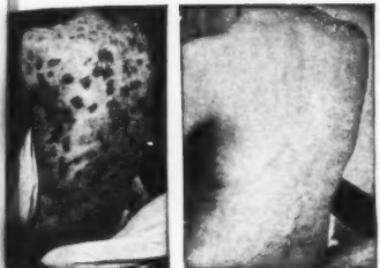
"This conference, in view of the national emergency now existing, cannot do otherwise than accept the Minister's offer of a capitation fee of 9s 9d, but in doing so wishes to record an emphatic protest against (1) the inadequacy of the offer, and (2) the fact that a new group of insured persons has been admitted to insurance without previous consultation with the profession."

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First Lady's Health Plan

"We should face our health problems now, first on the level of defense and then on a level of long range problems and plans," Mrs. Franklin D. Roosevelt declared during a recent broadcast from America's Town Meeting of the Air. The First Lady urged extension of the Government's rehabilitation program to cover all men rejected for military service because of correctable physical defects.

New Venereal Campaign

The U.S. Public Health Service is receiving \$5,015,864 worth of help from the Work Projects Administration in its expanded activities to combat venereal disease. President Roosevelt recently approved an allocation in that amount from WPA funds to promote Public Health Service departmental expansion, research, and control activities.

Part of the new fund will be used to widen the function of WPA clinics and laboratories which have been assisting health departments throughout the country. Defense boom towns will get first call for such assistance, but there is also under way an experimental plan for venereal disease control that would be adaptable to use in any community.

Women in Uniform

Military officials in Washington have been informed that about 200 women physicians are available for service in the army. The message was sent by the American Medical Women's Association, which convened recently in Philadelphia.

"The surgeon general has not appointed any women, although there is no fundamental law that says he shouldn't," Dr. Emily Dunning Barringer, president of the association complained. "Women physicians have earned the right to serve their coun-



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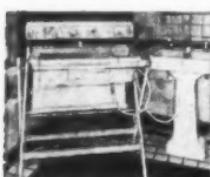
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try at a time when the Nation is advertising from coast to coast about how badly physicians are needed," she added.

Vichy Backs Carrel

Dr. Alexis Carrel of the Rockefeller Institute for Medical Research will establish the French Foundation for the Study of Human Problems, with the support of the French Government, it was announced in Vichy recently. The governing purpose of the institute, it is reported, will be to investigate the "reconstruction of man from the physical as well as the mental viewpoint." Research scientists will be sent to all corners of the globe to secure data for this continuing study.

NYA in Hospitals

NYA girls in New York will be trained as hospital ward assistants through the cooperation of the New York City Department of Hospitals, the National Youth Administration has announced. Designed to cope with a shortage of aides brought on by the national emergency, the action was approved after an experimental try-out in one of the city's hospitals.

U.S. Incomes Boom

National income (payments to individuals) has jumped to an annual rate of \$95,000,000,000, an all-time high, the Department of Commerce reported last month.

Income received by individuals in the first ten months of 1941 totaled \$72,609,000,000, an increase of 17 per cent over the corresponding period of 1940. Major cause of the increase was a 21 per cent rise in the level of salary and wage payments. The upturn in wages and salaries has been most pronounced in manufacturing industries, where payrolls were 40 per cent fatter than in 1940.

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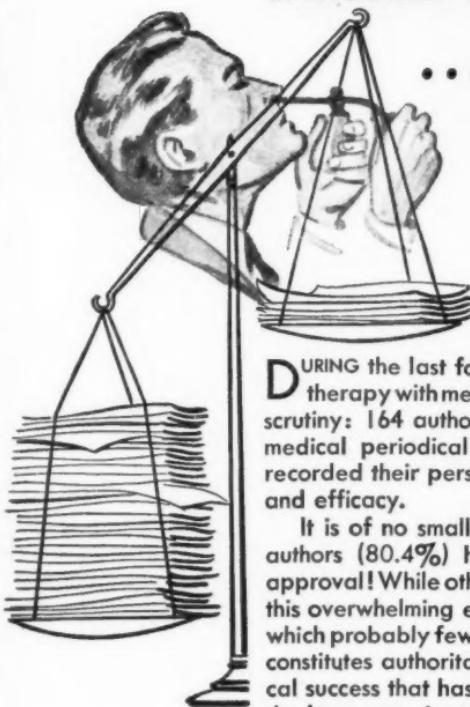
creased more than one-fourth from January through October 1941, and incomes recorded by owners of unincorporated commercial enterprises jumped 16 per cent. Dividends during the ten-months period rose 10 per cent.

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DURING the last fourteen years, intranasal "cold" therapy with medicated oils has undergone close scrutiny: 164 authors writing on this subject in the medical periodical and textbook literature have recorded their personal judgment of its soundness and efficacy.

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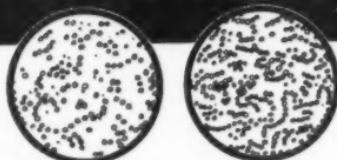
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CASE HISTORY No. 103
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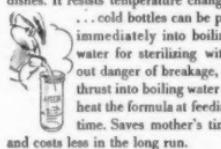
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